Arizona Department of Health Services
Division of Behavioral Health Services
POLICY AND PROCEDURE MANUAL

Section 1.0 Clinical Operations (CO)

POLICY CO 1.1 INTER-T/RBHA COORDINATION OF SERVICES

A. PURPOSE: To promote an integrated behavioral health service delivery system throughout Arizona and to describe Tribal and Regional Behavioral Health Authority (T/RBHA) responsibilities for persons who require services in, or relocate to, another Geographic Service Area (GSA).

B. SCOPE: T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy. This policy is applicable to all behavioral health recipients experiencing a transition in care, regardless of funding source or behavioral health category.

C. POLICY: Coordination between T/RBHAs shall occur in a manner that ensures the provision of continuous covered behavioral health services that are consistent with treatment goals and identified needs for persons who:

- Receive services outside of the GSA served by their designated, T/RBHA (non-enrolled persons),
- Receive services outside of the GSA served by their home T/RBHA (enrolled persons), or
- Move to another GSA.

D. REFERENCES:
42 C.F.R. § 435.10
9 A.A.C. 20
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Policy and Procedure CO 1.4, Confidentiality
Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements
Provider Manual Section 3.8, Outreach, Engagement, Re-Engagement and Closure
Provider Manual Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Court Ordered Treatment

E. DEFINITIONS:

Client Information System (CIS):

Enrollment

Designated T/RBHA

Home T/RBHA

Institution for Mental Disease (IMD)

Independent Living Setting

Inpatient Services

Out-of-Area Service

Residence

Residential Services

Transfer

F. PROCEDURES:

1. General Provisions

   a. Computation of Time – In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event, or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays, and legal holidays must not be included in the computation.

   b. Persons enrolled with American Indian Tribal Governments that have an executed intergovernmental agreement with ADHS may choose to be enrolled and receive covered behavioral health services through either the Tribal RBHA or the off-reservation RBHA responsible for the GSA. As such, this contingency must be applied when implementing the requirements of this policy.

c. T/RBHA Jurisdictional Responsibilities

(1) For adults (persons 18 years and older), T/RBHA jurisdiction is determined by the person's current place of residence, except persons who are unable to reside independently or are involved with the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) as described in Section F.3.a of this policy. This is applicable regardless of where the adult guardian resides.

(2) Responsibility for service provision, other than crisis services, remains with the home T/RBHA when the enrolled person is visiting or otherwise temporarily residing in a different T/RBHA area but:

(a) Maintains a place of residence in his or her previous location with an intent to return and

(b) The anticipated duration of the temporary stay is less than three months.

(c) When an Arizona Long Term Care System (ALTCS)/DDD member is placed temporarily in a group home while a permanent placement is being developed in the home T/RBHA service area, covered services remain the responsibility of the home T/RBHA.

(3) For children (ages 0-17 years), T/RBHA jurisdiction is determined by the current place of residence of the child's parent(s) or legal guardian.

(4) In a transfer, the home T/RBHA retains responsibility for service provision and coordination of care until such time as a person's record is closed for that T/RBHA.

(5) Inter-T/RBHA transfers must be completed within 30 days of referral by the home T/RBHA as described in Section F.3. b of this policy.

(6) The home T/RBHA must ensure that activities related to arranging for services or transferring a case does not delay a person's discharge from an inpatient or residential setting.

2. Out-of-Area Service Provision

a. Crisis Services

Crisis services must be provided without regard to the person's enrollment status. The T/RBHA at which a person presents for crisis services must:

(1) Provide needed crisis services and

(2) Ascertain the person's enrollment status with all T/RBHAs and determine whether the person's residence in the current area is temporary or permanent.

(a) If the person is enrolled with another T/RBHA, notify the home T/RBHA within 24 hours of the person's presentation. The home T/RBHA is fiscally responsible for crisis services and must:

i. Make arrangements with the T/RBHA at which the person presents to provide needed services, funded by the home T/RBHA,

ii. Arrange transportation to return the person to the home T/RBHA area, or

iii. Determine if the person intends to live in the new T/RBHA's geographic area and if so, initiate a transfer according to Section F.3 of this policy. Persons who are unable to live independently but clearly express an intent/desire to permanently relocate to another service area can be transferred. However, the home T/RBHA must make arrangements for housing and consider this a temporary placement for three months. After three months, if the person continues to clearly express an intent/desire to remain in this new service area, the inter-T/RBHA transfer can proceed.

(b) If the person is not enrolled with any T/RBHA and lives within the service area of the T/RBHA at which the person presented for services, the T/RBHA must proceed with enrollment.

(c) If the person is not enrolled with any T/RBHA and lives outside of the service area of the T/RBHA at which the person presented for services, the T/RBHA must enroll the person, provide needed crisis services and initiate the inter-T/RBHA transfer.

(d) If a T/RBHA receives a referral regarding a hospitalized person whose residence is located outside the T/RBHA's GSA, the T/RBHA must immediately coordinate the referral with the person's designated T/RBHA.

b. Non-emergency Services

If the person is not enrolled with a T/RBHA, lives outside of the service area, and requires services other than a crisis or urgent response to a hospital, the T/RBHA must notify the designated T/RBHA associated with the person's residence within 24 hours of the person's presentation. The designated T/RBHA must:

(1) Proceed with the person's enrollment if determined eligible for services. The designated T/RBHA is fiscally responsible for the provision of all medically necessary covered services including transportation services for eligible persons.

c. Courtesy Dosing of Methadone

A person receiving methadone administration services who is not a recipient of take-home medication may receive up to two courtesy doses of methadone from a T/RBHA while the person is traveling out of the home T/RBHA's area. All incidents of provision of courtesy dosing must be reported to the home T/RBHA. The home T/RBHA must reimburse the T/RBHA providing the courtesy doses upon receipt of properly submitted bills or encounters.

d. Referral for Service Provision

If a home T/RBHA initiates a referral to another T/RBHA or a service provider in another T/RBHA's area for the purposes of obtaining behavioral health services, the home T/RBHA must:

(1) Maintain enrollment and financial responsibility for the person during the period of out-of-area behavioral health services,

(2) Establish contracts with out-of-area service providers and authorize payment for services,

(3) Maintain the responsibilities of the behavioral health provider, and

(4) Provide or arrange for all needed services when the person returns to the home T/RBHA's area.

3. Inter-T/RBHA Transfer

a. A transfer will occur when:

(1) An adult person voluntarily elects to change the person's place of residence to an independent living setting from one T/RBHA's area to another.

a. Persons who are unable to live independently but clearly express an intent/desire to permanently relocate to another service area can be transferred. However, the home T/RBHA must make arrangements for housing and consider this a temporary placement for three months. After three months, if the person continues to clearly express an intent/desire to remain in this new service area, the inter-T/RBHA transfer can proceed.

b. Persons who are unable to live independently and are involved with the ADES/DDD can be transferred to another T/RBHA. Persons involved with ADES/DDD who are permanently placed and reside in a supervised setting are the responsibility of the T/RBHA in which the supervised setting is located. This is applicable regardless of where the adult guardian lives.

(2) The parent(s) or legal guardian(s) of a child change their place of residence to another T/RBHA's area; or

(3) The court of jurisdiction of a dependent child changes to another T/RBHA's area.

b. Inter-T/RBHA transfers are not to be initiated when a person is under pre-petition screening or court ordered evaluation (see Provider Manual Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Court Ordered Treatment).

c. The home T/RBHA shall initiate a referral for an Inter-T/RBHA transfer:

(1) 30 days prior to the date the person will move to the new area; or

(2) If the planned move is in less than 30 days, immediately upon learning of the person's intent to move.

The referral is initiated when the home T/RBHA provides a completed Inter-T/RBHA Transfer Request Form (Attachment A). In addition, the following information must be provided to the receiving T/RBHA as quickly as possible:

(1) The person's comprehensive clinical record,

(2) Consents for release of information pursuant to ADHS/DBHS Policy and Procedure, CO 1.4, Confidentiality,

(3) For Title XIX eligible persons between the ages of 21 and 64, the number of days the person has received services in an IMD in the contract year (July 1 – June 30), and

(4) The number of hours of respite care the person has received in the contract year (July 1 – June 30);

The receiving T/RBHA must not delay the timely processing of an Inter-T/RBHA transfer because of missing or incomplete information.

d. Upon receipt of the transfer packet, the receiving T/RBHA must:

(1) Notify the home T/RBHA within seven calendar days of receipt of the referral for Inter-T/RBHA transfer,

(2) Proceed with making arrangements for the transfer, and

(3) Notify the home T/RBHA if the information contained in the referral is incomplete.

e. Within 14 days of receipt of the referral for Inter-T/RBHA transfer, the receiving T/RBHA must:

(1) Schedule a meeting to establish a transition plan for the person. The meeting must include:

(a) The person or the person's guardian or parent, if applicable,

(b) Representatives from the home T/RBHA,

(c) Representatives from the Arizona State Hospital (AzSH), when applicable,

(d) The behavioral health provider and representatives of the CFT/Adult Team,

(e) Other involved agencies, and

(f) Any other relevant participant at the person's request or with the consent of the person's guardian.

(2) Establish a transition plan that includes at least the following:

(a) The person's projected moving date and place of residence,

(b) Treatment and support services needed by the person and the timeframe within which the services are needed,

(c) A determination of the need to request a change of venue for court ordered treatment and who is responsible for making the request to the court, if applicable,

(d) Information to be provided to the person regarding how to access services immediately upon relocation,

(e) The enrollment date, time, and place at the receiving T/RBHA and the formal date of transfer, if different from the enrollment date,

(f) The date and location of the person's first service appointment in the receiving T/RBHA's GSA,

(g) The individual responsible for coordinating any needed change of health plan enrollment, primary care provider assignment, and medication coverage,

(h) The person's behavioral health provider in the receiving T/RBHA's GSA, including information on how to contact the behavioral health provider,

(i) Identification of the person at the receiving T/RBHA who is responsible for coordination of the transfer, if other than the person's behavioral health provider,

(j) Identification of any special authorization required for any recommended service (e.g., non-formulary medications) and the individual who is responsible for obtaining needed authorizations, and

(k) If the person is taking medications prescribed for the person's behavioral health issue, the location and date of the person's first appointment with a practitioner who can prescribe medications. There must not be a gap in the availability of prescribed medications to the person.

f. On the official transfer date, the home T/RBHA must enter a closure and disenrollment into CIS. The receiving T/RBHA must enter an intake and enrollment into CIS at the time of transfer. If the person scheduled for transfer is not located or does not show up for his/her appointment on the date arranged by the T/RBHAs to transfer the person, the T/RBHAs must collaborate to ensure appropriate re-engagement activities occur (see PM Section 3.8, Outreach, Engagement, Re-Engagement and Closure) and proceed with the inter-T/RBHA transfer, if appropriate. Each T/RBHA must designate a contact person responsible for the resolution of problems related to enrollment and disenrollment.

g. When a person presents for crisis services, providers must first deliver needed behavioral health services and then determine eligibility and T/RBHA enrollment status. Persons enrolled after a crisis event may not need or want ongoing behavioral health services through the T/RBHA. Providers must conduct re-engagement efforts as described in PM Section 3.8, Outreach, Engagement, Re-engagement and Closure, however; persons who no longer want or need ongoing behavioral health services must be disenrolled (i.e., closed in the CIS) and an inter-T/RBHA transfer must not be initiated. Persons who will receive ongoing behavioral health services will need to be referred to the appropriate T/RBHA and an inter-T/RBHA transfer initiated, if the person presented for crisis services in a GSA other than where the person resides.

h. Timeframes specified in Section F.3 cover circumstances when behavioral health recipients inform their provider or T/RBHA prior to moving to another service area. When behavioral health recipients inform their provider or T/RBHA less than 30 days prior to their move or do not inform their provider or T/RBHA of their move, the designated T/RBHA must not wait for all of the documentation from the

previous T/RBHA before scheduling services for the behavioral health recipient.

4. Complaint Resolution

a. A person determined to have a Serious Mental Illness that is the subject of a request for out-of-area service provision or Inter-T/RBHA transfer may file an appeal as provided for in Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements.

b. Any party involved with a request for out-of-area service provision or Inter-T/RBHA transfer may initiate the complaint resolution procedure. Parties include the home T/RBHA, receiving T/RBHA, person being transferred, or the person's guardian or parent, if applicable; the Arizona State Hospital (AzSH), if applicable, and any other involved agencies.

c. The following issues may be addressed in the complaint resolution process:

(1) Any timeframe or procedure contained in this policy,

(2) Any dispute concerning the level of care needed by the person, and

(3) Any other issue that delays the person's discharge from an inpatient or residential setting or completion of an Inter-T/RBHA transfer.

d. Procedure for Non-emergency Disputes

(1) First Level

(a) A written request for the complaint resolution process shall be addressed to:

i. The person's behavioral health provider at the home T/RBHA, or other individual identified by the T/RBHA, if the issue concerns out-of-area service provision or

ii. The identified behavioral health provider at the receiving T/RBHA, or other individual identified by the T/RBHA, if the issue concerns an Inter-T/RBHA transfer.

(b) The behavioral health provider must work with involved parties to resolve the issue within five days of receipt of the request for complaint resolution.

(c) If the problem is not resolved, the behavioral health provider must, on the fifth day after the receipt of the request, forward the request for complaint resolution to the second level.

(2) Second Level

(a) Issues concerning out-of-area service provision must be forwarded to the Chief Executive Officer, or designee, of the home T/RBHA.

(b) Issues concerning Inter-T/RBHA transfers must be forwarded to the Chief Executive Officer, or designee, of the receiving T/RBHA.

(c) The Chief Executive Officer must work with the Chief Executive Officer of the other involved T/RBHA to resolve the issue within five days of receipt of the complaint resolution issue.

(d) If the problem is unresolved, the Chief Executive Officer must, on the fifth day after the receipt of the request, forward the request to the Deputy Director of the DBHS.

(3) Third Level

(a) The Deputy Director of the DBHS, or designee, will convene a group of financial and/or clinical personnel as appropriate to the complaint resolution issue to address and resolve the issue.

(b) The Deputy Director will issue a final decision within five days of receipt of the request.

e. Procedure for Emergency Disputes

An emergency dispute includes any issue in which the person is at risk of decompensation, loss of residence, or being in violation of a court order. The home T/RBHA must ensure that medically necessary behavioral health services continue pending the resolution of an emergency dispute between T/RBHAs.

(1) First Level

(a) Issues concerning out-of-area service provision must be forwarded to the Chief Executive Officer, or designee, of the home T/RBHA.

(b) Issues concerning Inter-T/RBHA transfers must be forwarded to the Chief Executive Officer, or designee, of the receiving T/RBHA.

(c) The Chief Executive Officer must work with the Chief Executive Officer of the other involved T/RBHA to resolve the issue within two days of receipt of the complaint resolution issue.

(d) If the problem is unresolved, the Chief Executive Officer must, on the second day after the receipt of the request, forward the request to the Deputy Director of the DBHS.

(2) Second Level

(a) The Deputy Director of the DBHS, or designee, will convene a group of financial and/or clinical personnel as appropriate to the complaint resolution issue, to address and resolve the issue.

(b) The Deputy Director will issue a final decision within two days of receipt of the request.

G. APPROVED BY:

12/14/09
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Division of Behavioral Health Services

Attachment A

INTER-T/RBHA TRANSFER REQUEST FORM
(To be completed 30 days prior to planned transfer date)

Person's Name: CIS #:

Person's Address:

Person's Telephone Number: ( ) -

Home T/RBHA: Date Sent: / /

Primary Contact Name: Telephone #: ( ) -

Behavioral Health Provider: Telephone #: ( ) -

Receiving T/RBHA: Date Received: / /

Primary Contact Name: Telephone #: ( ) -

Documents enclosed:

Complete Behavioral Health Record: ☐ Yes ☐ No

Applicable consents and release of information: ☐ Yes ☐ No

Number of days of service in an IMD for the contract year: _____ days
(Title XIX persons age 21 – 64 only)

Number of hours of respite service received for the contract year: _____ hours

Other (Specify):

POLICY CO 1.2 CULTURAL COMPETENCE

A. PURPOSE: To improve the delivery of quality behavioral health services by culturally competent providers to diverse populations by promoting, developing, and maintaining a culturally and linguistically competent behavioral health system for all individuals. To address behavioral health disparities by improving access, engagement and retention of diverse behavioral health recipients. To ensure that T/RBHA policies follow applicable federal and state anti-discrimination laws.

B. SCOPE: ADHS/DBHS and T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy, as well as the requirements listed in DBHS Provider Manual Section, 3.23 Cultural Competence.

C. POLICY: T/RBHAs must each develop and implement a Cultural Competency Annual Plan and Assessment of Effectiveness.

Each T/RBHA employs a Cultural Expert. The Cultural Expert serves on the DBHS Cultural Competency Advisory Committee.

T/RBHAs are required to complete the ADHS/DBHS Cultural Competence Organizational Assessment Protocol.

C. REFERENCES:

The following citations can serve as additional resources for this content area:
42 C.F.R. § 438.206(c)(2)
45 CFR § 80.3
42 CFR § 438.10
Culturally and Linguistically Appropriate Services (CLAS) in Healthcare Standards
Mental Health: Culture, Race and Ethnicity- Supplemental Report of the Surgeon General
U.S.P.R.A. Principles of Multicultural Psychiatric Rehabilitation Services
A.R.S. § 36-1946
A.A.C. R9-21-202
A.A.C. R9 Chapter 26, Article 5
AHCCCS/ADHS Contract
AHCCCS Contractor Operations Manual
ADHS/RBHA Contracts
ADHS/TRBHA IGAs

Section 3.9, Assessment and Service Planning
Section 3.13 Covered Behavioral Health Services
Section 4.2, Behavioral Health Medical Record Standards
ADHS/DBHS Behavioral Health Covered Services Guide
ADHS/DBHS Cultural Competency Plan
ADHS/DBHS Cultural Competency webpage
The Adult Clinical Team Practice Protocol
The Child and Family Team Process Practice Protocol
ADHS/DBHS Policy Clarification Memorandum – Use of Spanish
Assessments and Service Plans

E. DEFINITIONS:

Commonly Encountered Limited English Proficiency (LEP) Groups

Cultural Competence

Culturally Competent Agencies and Individuals

Disability

Interpretation

Limited English Proficiency (LEP)

Linguistic Competence

Qualified Interpreter/Translator

Translation

F. PROCEDURES:

1. Each T/RBHA must develop and implement a Cultural Competency Annual Plan and Assessment of Effectiveness for its service area(s.) Each T/RBHA will annually evaluate the impact of the plan's activities towards developing a culturally competent service delivery system and update the plan in coordination with ADHS/DBHS. The plan must be submitted to the ADHS/DBHS Diversity and Inclusion Administrator by August 15 of each year.

2. Each T/RBHA must submit cultural competency development and implementation plan updates to the Diversity and Inclusion Administrator on a quarterly basis to demonstrate progress towards cultural competency goals.

3. The ADHS/DBHS and T/RBHA Cultural Competency Plans, at a minimum, must address the following:

    a. Identification of diverse population groups in the service area;

    b. Input and consultation from these diverse groups to develop relevant outreach strategies and review, plan, provide, evaluate, and improve service delivery to diverse individuals, families, and communities;

    c. Identification and implementation of strategies to address disparities in access and utilization of services;

    d. Recruitment and retention strategies to attract culturally competent staff;

    e. Methods to ensure that persons and families' cultural preferences are assessed and included in the development of treatment plans;

    f. Multi-faceted approaches to assess satisfaction of diverse individuals, families, and communities, including the identification of minority responses in the analysis of client satisfaction surveys, the monitoring of service outcomes, member complaints, grievances, provider feedback and/or employee surveys;

    g. Evaluation of the primary non-English languages spoken within the T/RBHA geographic service areas; and

    h. Evaluation and incorporation of the efforts of network, communications/marketing, prevention, outreach and other applicable T/RBHA programs that affect cultural competency, access and quality of care.

4. T/RBHAs will ensure providers identify the prevalent non-English languages within provider service areas to ensure service capacity meets those needs.

5. Each T/RBHA, as required by ADHS/DBHS, must assess its performance in developing, implementing, and maintaining cultural competency utilizing the standardized ADHS/DBHS Cultural Competence Organizational Assessment Protocol. T/RBHA

contracted providers, upon ADHS/DBHS request, shall assess provider cultural competency utilizing the ADHS/DBHS Cultural Competency Activities Assessment.

6. Each T/RBHA and subcontracted provider staff member with direct behavioral health recipient contact, upon ADHS/DBHS request, must assess his/her personal cultural competency utilizing the ADHS/DBHS Personal Cultural Competency Self-Assessment.

7. Each T/RBHA and subcontracted provider must provide a cultural competency orientation to all staff members.

8. Each T/RBHA and subcontracted provider must provide annual cultural competency training and/or continuing education activities in cultural competence, including activities focused towards working with the specific needs (gender, religious affiliation, ethnicity, socio-economic status, sexual orientation, etc.) of diverse populations. Training must be customized to fit the needs of staff based on the nature of the contacts they have with providers or behavioral health recipients, and include attention to the CLAS Standards, use of oral interpretation and translation services, alternative formats and services for LEP clients. The T/RBHA must also ensure that employees have access to references listing resources for behavioral health recipients with diverse cultural needs.

9. Each T/RBHA and subcontracted provider must periodically analyze available data to evaluate the impact of the network and service delivery system, with the goal of minimizing disparities in access and delivery of services and improving quality;

10. T/RBHAs must follow the 14 Culturally and Linguistically Appropriate Services (CLAS) Standards, of which four (Standards 4, 5, 6 and 7, pertaining to linguistic competency) are federally mandated. For a complete list of the required CLAS Standards, see ADHS/DBHS Provider Manual Section 3.23 Cultural Competence.

11. Qualified oral interpreters and bilingual staff, and licensed sign language interpreters must ensure access to oral interpretation, translation, sign language and disability-related services, and provide auxiliary aids and alternative formats on request. Oral interpretation and sign language services are provided at no charge to AHCCCS eligible persons and persons determined to have a Serious Mental Illness (SMI.)

12. T/RBHAs and provider agencies must abide by the federal and state anti-discrimination laws, listed in ADHS/DBHS Provider Manual Provider Manual Section 3.23 Cultural Competence.

POLICY CO 1.2 CULTURAL COMPETENCE

H. APPROVED BY:

1/21/09

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POLICY CO 1.3 USE OF TELEMEDICINE

A. PURPOSE: To establish guidelines for the use of telemedicine using interactive video conferencing.

B. SCOPE: This policy applies to the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), T/RBHAS and their subcontracted providers.

C. POLICY: The T/RBHAs and subcontracted providers shall use teleconferencing to extend the availability of clinical, educational and administrative services. All clinical services provided through the interactive video teleconferencing will conform to established policies for confidentiality and maintenance of records.

D. REFERENCES:

A.R.S. §§ 36-3601-3603
R9-21-206.01
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Provider Manual Section 3.11, General and Informed Consent to Treatment
Provider Manual Section 3.15, Psychotropic Medication; Prescribing and Monitoring
Provider Manual Section 4.1, Disclosure of Behavioral Health Information
Provider Manual Section 4.2, Behavioral Health Medical Record Standards

E. DEFINITIONS:

Telemedicine

Informed Consent

F. PROCEDURES

1. Interactive video functions are approved for the following purposes:

   a. Direct clinical services;

   b. Case consultations;

   c. Collateral services;

d. Training and education;

e. Administrative activities of participating agencies;

f. Management activities including Quality Management, Grievance and Appeal, Finance, Advocacy, Utilization and Risk Management, Clinical Consultation, and MIS; and

g. Other uses as approved by the T/RBHA.

2. Informed Consent

Before a health care provider delivers health care via Telemedicine, verbal or written informed consent from the behavioral health recipient or their health care decision maker must be obtained.

Informed consent can be provided by the behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience. When providing informed consent it must be communicated in a manner that the person and/or legal guardian can understand and comprehend. See Provider Manual Section 3.11, General and Informed Consent for a list of specific elements that must be provided.

Exceptions to this consent requirement include:

(1) If the telemedicine interaction does not take place in the physical presence of the patient;

(2) In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent; or

(3) To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

If a recording of the interactive video service is to be made, a separate consent to record shall be obtained. Items to be included in the consent are:

(1) Identifying information;

(2) A statement of understanding that a recording of information and images from the interactive video service will be made;

(3) A description of the uses for the recording;

(4) A statement of the person's right to rescind the use of the recording;

(5) A date upon which permission to use of the recording will be void unless otherwise renewed by signature of the person receiving the recorded service; and

(6) For persons receiving services related to alcohol and other drugs or HIV status, written, time-limited informed consent must be obtained that specifies that no material, including video-tape, may be re-disclosed.

3. Licensure

Before a health care provider delivers behavioral health care services through telemedicine, the treating healthcare provider must be licensed in the state in which the patient resides (see A.R.S. §§ 36-3601-3603).

4. Confidentiality

a. At the time services are being delivered through interactive video equipment, no person, other than those agreed to by the person receiving services will observe or monitor the service either electronically or from "off camera."

b. To ensure confidentiality of telemedicine sessions providers must do the following when providing services via telemedicine:

(1) The videoconferencing room door must remain closed at all times;

(2) If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress; and

(3) Implement any additional safeguards to ensure confidentiality in accordance with Provider Manual Section 4.1 Disclosure of Behavioral Health Information, subsection 4.1.7-E., Telemedicine.

5. Documentation

   a. Medical records of telemedicine interventions must be maintained according to usual practice.

   b. Electronically recorded information of direct, consultative or collateral clinical interviews will be maintained as part of the person's clinical record. All policies and procedures applied to storage and security of clinical information will apply.

   c. All required signatures must be documented in the medical record, and must be made available during auditing activities performed by ADHS/DBHS.

6. The T/RBHA shall establish policies and procedures for scheduling and prioritization of use of interactive video conferencing.

7. Reimbursement for telemedicine services should follow customary charges for the delivery of the appropriate procedure code(s).

G. APPROVED BY:

01/27/10

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2/1/10

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POLICY CO 1.4 CONFIDENTIALITY

A. PURPOSE: To protect the privacy of persons who receive behavioral health services, prevent the unauthorized disclosure of confidential information and notify those persons in the event their unsecured Protected Health Information (PHI) is breached.

B. SCOPE: This policy applies to the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their subcontracted providers.

C. POLICY: Information and records obtained in the course of providing or paying for behavioral health services to a person are confidential and are only disclosed according to the provisions of this policy and procedure and applicable federal and state law. In the event of an unauthorized use/disclosure of unsecured PHI, TRBHAs and their subcontracted providers must notify all affected persons.

D. REFERENCES: 42 U.S.C. § 290-dd-2
42 U.S.C. 10805
Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009 (HITECH Act)
42 C.F.R. Part 2
45 C.F.R. Part 160, Subparts A and B
45 C.F.R. Part 164, Subparts A and E
A.R.S. § 12-2291, et seq.
A.R.S. § 13-3620
A.R.S. Title 14, Chapter 5, Article 2 or 3
A.R.S. § 14-3804
A.R.S. § 36-501
A.R.S. § 36-504
A.R.S. § 36-507
A.R.S. § 36-509
A.R.S. § 36-517.01
A.R.S. § 36-517.02
A.R.S. § 36-661, et seq.
A.R.S. § 36-664
A.R.S. Title 36, Chapter 32
A.R.S. § 36-3701, et seq.
A.R.S. § 41-3804
A.R.S. § 46-454

9 A.A.C. 20
9 A.A.C. 21
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
ADHS/DDD-DES Interagency Service Agreement
Health Insurance Portability and Accountability Act Privacy Manual
Information Sharing with Family Members of Adult Behavioral Health Recipients Technical Assistance Document

E. DEFINITIONS:

Alcohol and Drug Abuse Program

Clinical Teams

De-Identified Health Information

Designated Record Set

Health Care Decision-Maker

Health Care Provider

Health Insurance Portability and Accountability Act (HIPAA)

HITECH Act

HIV-Related Information

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Individually Identifiable Health Information

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F. PROCEDURES

1. Overview of Confidentiality Information

T/RBHA's and health care providers must keep medical records, payment records and behavioral health records and all information contained in those records confidential and cannot disclose such information unless permitted or required by federal or state law. The law regulates two major categories of confidential information: 1) information obtained when providing behavioral health services not related to alcohol or drug abuse referral, diagnosis or treatment; and 2) information obtained in the referral, diagnosis and treatment of alcohol or drug abuse.

a. **Behavioral Health Information Not Related to Alcohol and Drug Treatment** Information obtained when providing behavioral health services not related to alcohol and drug abuse treatment is governed by state law and the HIPAA Privacy Rule, 45 C.F.R., Part 164, Subparts A and E, Part 160 Subparts A and B ("the HIPAA Rule"). The HIPAA Rule permits a covered entity (health plan, health care provider, health care clearinghouse) to use or disclose protected health information with or without patient authorization[1] in a variety of circumstances, some of which are required and others that are permissive. Many of the categories of disclosures contain specific words and phrases that are defined in the HIPAA Rule. Careful attention must be paid to the definitions of words and phrases in order to determine whether disclosure is allowed. In addition, the HIPAA Rule may contain exceptions or special rules that apply to a particular disclosure. State law may affect a disclosure. For example, HIPAA, when read together with state law may impose additional requirements for disclosure. In addition, a covered entity must, with certain exceptions, make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the disclosure.

In February 2009, Congress enacted the HITECH Act (Title XII, Subtitle D of the American Recovery and Reinvestment Act of 2009 (P. L. 111-005), which

[1] For purposes of uniformity and clarity, the term "authorization" is used throughout this policy to reference a person's permission to disclose medical records and protected health information and has the same meaning as "consent" which is used in 42 C.F.R. Part 2.

substantially expands the HIPAA Privacy and Security Rule, and affects how T/RBHAs and health care providers are required to use and disclose protected health information. In addition T/RBHAs and health care providers are now required to notify each individual whose unsecured PHI has been impermissibly used or disclosed in accordance with the HITECH Acts Security Breach Notification requirement.

Before disclosing protected health information, it is good practice to consult with legal counsel. See Section F.3. for more detail regarding the disclosure of behavioral health information not related to alcohol or drug referral, diagnosis or treatment.

b. **Drug and Alcohol Abuse Information**. Information regarding treatment for alcohol or drug abuse is afforded special confidentiality by federal statute and regulation. (42 USCA 290 dd-3, 290 ee-3, 42 C.F.R. Part 2). This includes any information concerning a person's diagnosis or treatment from a federally assisted alcohol or drug abuse program or referral to a federally assisted alcohol or drug abuse program. See Section F.4. for more detail regarding the disclosure of drug and alcohol abuse information.

2. General Procedures For All Disclosures

a. Unless otherwise excepted by state or federal law, all information obtained about a person related to the provision or payment of behavioral health services to the person is confidential whether the information is in oral, written or electronic format.

b. All records generated as a part of the ADHS/DBHS or RBHA grievance and appeal processes are legal records, not medical or payment records, although they may contain copies of portions of a person's medical record. To the extent these legal records contain personal medical information, ADHS/DBHS or the RBHA will redact or de-identify the information to the extent allowed or required by law.

c. List of Persons Accessing Records. The T/RBHA shall ensure that a list is kept of every person or organization who inspects a currently or previously enrolled person's records other than the person's clinical team, the uses to be made of that information and the staff person authorizing access. The access list shall be placed in the enrolled person's record and shall be made available to the enrolled person, their guardian or other designated representative.

d. Disclosure to Clinical Teams. Disclosure of information to members of a clinical team may or may not require an authorization depending upon the type of information to be disclosed and the status of the receiving party. Information concerning diagnosis, treatment or referral for drug or alcohol treatment may only be disclosed to members of a clinical team with patient authorization as prescribed in F.4.f.(1)(b). Information not related to drug and alcohol treatment may be disclosed without patient authorization to members of a clinical team who are providers of health, mental health or social services provided the information is for treatment purposes as defined in the HIPAA Rule. Disclosure to members of a clinical team who are not providers of health, mental health or social services requires the authorization of the person or the person's guardian or parent as prescribed in F.3.b.(2).

e. Disclosure to persons in court proceedings. Disclosure of information to persons involved in court proceedings including attorneys, probation or parole officers, guardians ad litem and court appointed special advocates may or may not require an authorization depending upon the type of information to be disclosed and whether the court has entered orders permitting or requiring the disclosure.

3. Disclosure of Information Not Related To Alcohol and Drug Treatment

a. Overview of the types of disclosures. The HIPAA Rule and state law allow a covered entity to disclose protected health information under a variety of conditions. Section F.3.b. contains a more detailed description of circumstances that are likely to involve the use or disclosure of behavioral health information. This is a general overview and does not include an entire description of legal requirements for each disclosure. Below is a general description of all required or permissible disclosures:

(1) to the individual; and the individual's health care decision maker;

(2) to health, mental health and social service providers for treatment, payment or health care operations;

(3) incidental to a use or disclosure otherwise permitted or required by 45 C.F.R. Part 160 and Part 164, Subpart E

(4) to a person or entity with a valid authorization;

(5) provided the individual is informed in advance and has the opportunity to

agree or prohibit the disclosure:

(a) for use in facility directories; and

(b) to persons involved in the individual's care and for notification purposes.

(6) when required by state or federal law;

(7) for public health activities;

(8) about victims of child abuse, neglect or domestic violence;

(9) for health oversight activities;

(10) for judicial and administrative proceedings;

(11) for law enforcement purposes;

(12) about deceased persons;

(13) for cadaveric organ, eye or tissue donation purposes;

(14) for research purposes, only if the activity is conducted pursuant to applicable federal or state laws and regulations governing research;

(15) to avert a serious threat to health or safety or to prevent harm threatened by patients;

(16) to a human rights committee;

(17) for purposes related to the Sexually Violent Persons program;

(18) with communicable disease information;

(19) to personal representatives including agents under a health care directive;

(20) for evaluation or treatment;

(21) to business associates;

(22) to the Secretary of Health and Human Services or designee to investigate or determine compliance with the HIPAA Rule;

(23) for specialized government functions;

(24) for worker's compensation;

(25) under a data use agreement for limited data;

(26) for fundraising;

(27) for underwriting and related purposes;

(28) to the Arizona Center For Disability Law in its capacity as the State Protection and Advocacy Agency;

(29) to a third party payor or the payor's contractor to obtain reimbursement;

(30) to a private entity that accredits a health care provider;

(31) to the legal representative of a health care entity in possession of the record for the purpose of securing legal advice;

(32) to a person or entity as otherwise required by state or federal law;

(33) to a person or entity as permitted by the federal regulations on alcohol and drug abuse treatment (42 C.F.R. Part 2);

(34) to a person or entity to conduct utilization review, peer review and quality assurance pursuant to Section 36-441, 36-445, 36-2402 or 36-2917;

(35) to a person maintaining health statistics for public health purposes as authorized by law; and

(36) to a grand jury as directed by subpoena.

b. Disclosures of behavioral health information. Below is a description of the circumstances in which behavioral health information is likely to be required or permitted to be disclosed:

(1) Disclosure to an individual or the individual's health care decision maker

A covered entity is required to disclose information in a designated record set to an individual when requested unless contraindicated. Contraindicated means that access is reasonably likely to endanger the life or physical safety of the patient or another person. See A.R.S. § 36-507(3); 45 C.F.R. § 164.524. A covered entity should read and carefully apply the provisions in 45 C.F.R. §164.524 before disclosing protected health information in a designated record set to an individual.

An individual has a right of access to his or her designated record set, except for psychotherapy notes and information compiled for litigation. See 45 C.F.R. §164.524(a)(1) and Section 13405(e) of the HITECH Act. Under certain conditions a covered entity may deny an individual access to the medical record without providing the individual an opportunity for review. See 45 C.F.R. §164.524(a)(2); A.R.S. § 12-2293. Under other conditions, a covered entity may deny an individual access to the medical record and must provide the individual with an opportunity for review. See 45 C.F.R. §164.524(a)(3). A covered entity must follow certain requirements for a review when access to the medical record is denied. See 45 C.F.R. §164.524(a)(4).

An individual must be permitted to request access or inspect or obtain a copy of his or her medical record. See 45 C.F.R. §164.524(b)(1). A covered entity is required to act upon an individual's request in a timely manner. See 45 C.F.R. §164.524(b)(2).

An individual may inspect and be provided with one free copy per year of his or her own medical record, unless access has been denied.

A covered entity must follow certain requirements for providing access, the form of access and the time and manner of access. See 45 C.F.R. §164.524(c).

A covered entity is required to make other information available in the record when access is denied, must follow other requirements when making a denial of access, must inform an individual of where medical records are maintained and must follow certain procedures when an individual requests a review when access is denied. See 45 C.F.R. § 164.524(d).

A covered entity is required to maintain documentation related to an individual's access to the medical record. See 45 C.F.R. §164.524(e).

(2) Disclosure with an individual's authorization or the individual's health care decision maker

The HIPAA Rule allows information to be disclosed with an individual's written authorization.

For all uses and disclosures that are not permitted by the HIPAA Rule, patient authorization is required. See 45 C.F.R. §§ 164.502(a)(1)(iv); and 164.508. An authorization must contain all of the elements in 45 C.F.R. § 164.508.

A copy of the authorization must be provided to the individual. The authorization must be written in plain language and must contain the following elements:

(a) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;

(b) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;

(c) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure;

(d) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;

(e) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository; and

(f) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of the representative's authority to act for the individual must also be

provided.

In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

(g) The individual's right to revoke the authorization in writing, and either:

(i) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or

(ii) A reference to the covered entity's notice of privacy if the notice of privacy tells the individual how to revoke the authorization.

(h) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

(i) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in 45 C.F.R. § 164.508 (b)(4) applies; or

(ii) The consequences to the individual of a refusal to sign the authorization when, in accordance with 45 C.F.R. § 164.508 (b)(4), the covered entity can condition treatment, enrollment in the health plan or eligibility for benefits on failure to obtain such authorization.

(i) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient.

(3) Disclosure to health, mental health and social service providers for treatment, payment or health care operations; reports of abuse and neglect

Disclosure is permitted without patient authorization to health, mental health and social service providers involved in caring for or treating the person for treatment, payment or health care operations as defined in the HIPAA Rule. These disclosures are typically made to primary care

physicians, psychiatrists, psychologists, social workers (including DES and DDD) or other behavioral health professionals. Particular attention must be paid to 45 C.F.R. § 164.506(c) and the definitions of treatment, payment and health care operations to determine the scope of disclosure. For example, a covered entity is allowed to disclose protected health information for its own treatment, payment or health care operations. See 45 C.F.R. §164.506(c)(1). A covered entity may disclose for treatment activities of a health care provider including providers not covered under the HIPAA Rule. See 45 C.F.R. § 164.506(c)(2). A covered entity may disclose to both covered and non-covered health care providers for payment activities. See 45 C.F.R. § 164.506(c)(3). A covered entity may disclose to another covered entity for the health care operations activities of the receiving entity if each entity has or had a direct treatment relationship with the individual and the disclosure is for certain specified purposes in the definition of health care operations. See 45 C.F.R. §164.506(c)(4).

If the disclosure is not for treatment, payment or health care operations, patient authorization is required unless otherwise allowed by law.

The HIPAA Rule does not modify a covered entity's obligation under A.R.S. § 13-3620 to report child abuse and neglect to Child Protective Services or disclose a child's medical records to Child Protective Services for investigation of child abuse cases.

Similarly, a covered entity may have an obligation to report adult abuse and neglect to Adult Protective Services. See A.R.S. § 46-454. The HIPAA Rule imposes other requirements in addition to those contained in A.R.S. § 46-454, primarily that the individual be notified of the making of a report or a determination by the reporting person that it is not in the individual's best interest to be notified. See 45 C.F.R. §164.512(c).

(4) Disclosure to other persons including family members who are actively participating in the patient's care, treatment or supervision

A covered entity may disclose protected health information without authorization to other persons including family members actively participating in the patient's care, treatment or supervision. Prior to releasing information, an agency or non-agency treating professional or that person's designee must have a verbal discussion with the person or the person's health care decision maker to determine whether the person

objects to the disclosure. If the person objects, the information cannot be disclosed. If the person does not object, or the person lacks capacity to object, or in an emergency circumstance, the treating professional must performs an evaluation to determine whether disclosure is in that person's best interests. A decision to disclose or withhold information is subject to review pursuant to A.R.S. § 36-517.01.

An agency or nonagency treating professional may only release information relating to the person's diagnosis, prognosis, need for hospitalization, anticipated length of stay, discharge plan, medication, medication side effects and short-term and long-term treatment goals. See A.R.S. § 36-509 (7).

The HIPAA Rule imposes additional requirements when disclosing protected health information to other persons including family members. A covered entity may disclose to a family member or other relative the protected health information directly relevant to the person's involvement with the individual's care or payment related to the individual's health care. If the individual is present for a use or disclosure and has the capacity to make health care decisions, the covered entity may use or disclose the protected health information if it obtains the individual's agreement, provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection. If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the covered entity may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. See 45 C.F.R. § 164.510(b).

(5) Disclosure to an agent under a health care directive

A covered entity may treat an agent appointed under a health care directive as a personal representative of the individual. See 45 C.F.R. § 164.502(g). Examples of agents appointed to act on an individual's behalf include an agent under a health care power of attorney, see A.R.S. § 36-3221 *et seq.*; surrogate decision makers, see A.R.S. § 36-3231; and an agent under a mental health care power of attorney, see A.R.S. § 36-3281.

(6) Disclosure to a personal representative

(a) Unemancipated Minors. A covered entity may disclose protected health information to a personal representative, including the personal representative of an unemancipated minor, unless one or more of the exceptions described in 45 C.F.R. §§ 164.502(g)(3)(i) or 164.502(g)(5) applies. See 45 C.F.R. § 164.502(g)(1).

The general rule is that if state law, including case law, requires or permits a parent, guardian or other person acting *in loco parentis* to obtain protected health information, then a covered entity may disclose the protected health information. See 45 C.F.R. § 164.502(g)(3)(ii)(A).

Similarly, if state law, including case law, prohibits a parent, guardian or other person acting *in loco parentis* from obtaining protected health information, then a covered entity may not disclose the protected health information. See 45 C.F.R. §164.502(g)(3)(ii)(B).

When state law, including case law, is silent on whether protected health information can be disclosed to a parent, guardian or other person acting *in loco parentis,* a covered entity may provide or deny access under 45 C.F.R. § 164.524 to a parent, guardian or other person acting *in loco parentis* if the action is consistent with State or other applicable law, provided that such decision must be made by a licensed health care professional, in the exercise of professional judgment. See 45 C.F.R. §164.502(g)(3)(ii)(C).

(b) Adults and Emancipated Minors. If under applicable law, a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such persons as a personal representative with respect to protected health information relevant to such personal representation. See 45 C.F.R. § 164.502(g)(2). Simply stated, if there is a state law that permits the personal representative to obtain the adult or emancipated minor's protected health information, the covered entity may disclose it. A covered entity may withhold protected health information if one or more of the exceptions in 45 C.F.R. § 164.502(g)(5) applies.

(c) Deceased persons. If under applicable law, an executor, administrator or other person has authority to act on behalf of a deceased individual or of the individual's estate, a covered entity must treat such persons as a personal representative with respect to protected health information relevant to the personal representation. See 45 C.F.R. § 164.502(g)(4). A covered entity may withhold protected health information if one or more of the exceptions in 45 C.F.R. § 164.502(g)(5) applies. A.R.S. §§ 12-2294 (D) provides certain persons with authority to act on behalf of a deceased person.

(7) Disclosure for court ordered evaluation or treatment

An agency in which a person is receiving court ordered evaluation or treatment is required to immediately notify the person's guardian or agent or, if none, a member of the person's family that the person is being treated in the agency. See A.R.S. § 36-504(B). The agency shall disclose any further information only after the treating professional or that person's designee interviews the person undergoing treatment or evaluation to determine whether the person objects to the release and whether the disclosure is in the person's best interests. A decision to disclose or withhold information is subject to review pursuant to section A.R.S. § 36-517.01.

If the individual or the individual's guardian makes the request for review, the reviewing official must apply the standard in 45 C.F.R. § 164.524(a)(3). If a family member makes the request for review, the reviewing official must apply the "best interest" standard in A.R.S. § 36-517.01.

The reviewer's decision may be appealed to the superior court. See A.R.S. § 36-507.01(B). The agency or nonagency treating professional shall not disclose any treatment information during the period an appeal may be filed or is pending.

(8) Disclosure for Health Oversight Activities

A covered entity may disclose protected health information without patient authorization to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil,

administrative, or criminal proceedings or actions or other activities necessary for appropriate oversight of entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards. See 45 C.F.R. § 164.512(d).

(9) Disclosure for judicial and administrative proceedings including court ordered disclosures

A covered entity may disclose protected health information without patient authorization in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by the order. See 45 C.F.R. § 164.512(e). In addition, a covered entity may disclose information in response to a subpoena, discovery request or other lawful process without a court order if the covered entity receives satisfactory assurances that the requesting party has made reasonable efforts to provide notice to the individual or has made reasonable efforts to secure a qualified protective order. See 45 C.F.R. §§ 164.512(e)(1)(iii),(iv) and (v) for what constitutes satisfactory assurances.

(10) Disclosure to persons doing research

A covered entity may disclose protected health information to persons doing research without patient authorization provided it meets the de-identification standards of 45 C.F.R. §164.514(b). If the covered entity wants to disclose protected health information that is not de-identified, patient authorization is required or an Institutional Review Board or a privacy board in accordance with the provisions of 45 C.F.R. § 164.512(i)(1)(i) can waive it.

(11) Disclosure to prevent harm threatened by patients

Mental health providers have a duty to protect others against the harmful conduct of a patient. See A.R.S. § 36-517.02. When a patient threatens imminent serious harm or violence to another person, the provider has a duty to exercise reasonable care to protect the foreseeable victim of the danger. *Little v. All Phoenix South Community Mental Health Center, Inc.,* 186 Ariz. 97, 919 P.2d 1368 (1996A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose

protected health information without patient authorization if the covered entity, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or is necessary for law enforcement authorities to identify or apprehend an individual. See 45 C.F.R. §§ 164.512(j)(1)(ii); 164.512(f)(2) and (3) for rules that apply for disclosures made to law enforcement. See 45 C.F.R. § 164.512(j)(4) for what constitutes a good faith belief.

(12) Disclosures to human rights committees

Protected health information may be disclosed to a human rights committee without patient authorization provided personally identifiable information is redacted from the record. See A.R.S. §§ 36-509(10) and 41-3804. In redacting personally identifiable information, a covered entity must comply with the HIPAA Rule de-identification standards in 45 C.F.R. § 164.514(b) and not state law. If a human rights committee wants non-redacted identifiable health information for official purposes, it must first demonstrate to ADHS/DBHS that the information is necessary to perform a function that is related to the oversight of the behavioral health system, and in that case, a covered entity may disclose protected health information to the human rights committee in its capacity as a health oversight agency. See 45 C.F.R. § 164.512(d)(1).

(13) Disclosure to the Arizona Department of Corrections

Protected health information may be disclosed without patient authorization to the state department of corrections in cases where prisoners confined to the state prison are patients in the state hospital on authorized transfers either by voluntary admission or by order of the court. See A.R.S. § 36-509(5). The HIPAA Rule limits disclosure to correctional institutions to certain categories of information that are contained in 45 C.F.R. § 164.512(k)(5).

(14) Disclosure to a governmental agency or law enforcement to secure return of a patient

Protected health information may be disclosed to governmental or law enforcement agencies if necessary to secure the return of a patient who is on unauthorized absence from any agency where the patient was

undergoing court ordered evaluation or treatment. See A.R.S. § 36-509(6). A covered entity may disclose limited information without patient authorization to law enforcement to secure the return of a missing person. See 45 C.F.R. § 164.512(f)(2)(i). In addition, a covered entity is permitted limited disclosure to governmental agencies to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. See 45 C.F.R. §164.512(j).

(15) Disclosure to a Sexually Violent Persons (SVP) Program

Protected health information may be disclosed to a governmental agency or a competent professional, as defined in A.R.S. § 36-3701, in order to comply with the SVP Program (Arizona Revised Statutes, Title 36, Chapter 37). See A.R.S. § 36-509(9).

A "competent professional" is a person who may be a psychologist or psychiatrist, is approved by the superior court and is familiar with the state's sexually violent persons statutes and sexual offender treatment programs. A competent professional is either statutorily required or may be ordered by the court to perform an examination of a person involved in the sexually violent persons program and shall be given reasonable access to the person in order to conduct the examination and shall share access to all relevant medical and psychological records, test data, test results and reports. See A.R.S. § 36-3701(2).

In most cases, the disclosure of protected health information to a competent professional or made in connection with the sexually violent persons program is required by law or ordered by the court. In either case, disclosure under the HIPAA Rule without patient authorization is permitted. See 45 C.F.R. § 164.512(a) (disclosure permitted when required by law) and 45 C.F.R. § 164.512(e) (disclosure permitted when ordered by the court). If the disclosure is not required by law or ordered by the court or is to a governmental agency other than the sexually violent persons program, the covered entity may have the authority to disclose if the protected health information is for treatment, payment or health care operations. See 45 C.F.R. § 164.506(c) to determine rules for disclosure for treatment, payment or health care operations.

(16) Disclosure of communicable disease information

A.R.S. § 36-661 *et seq.*, includes a number of provisions that address the

disclosure of communicable disease. The general rule is that a person who obtains communicable disease related information in the course of providing a health service or pursuant to a release of communicable disease related information shall not disclose or be compelled to disclose that information. See A.R.S. § 36-664(A). Certain exceptions for disclosure are permitted to:

(a) The individual; or the individual's health care decision maker;

(b) ADHS or a local health department for the purpose of notifying a Good Samaritan;

(c) An agent or employee of a health facility or a health care provider;

(d) A health facility or a health care provider;

(e) A federal, state or local health officer;

(f) Government agencies; authorized by law to receive communicable disease information;

(g) Persons authorized pursuant to a court order;

(h) The Department of Economic Security; for adoption purposes;

(i) The Industrial Commission;

(j) The Department of Health Services to conduct inspections;

(k) Insurance entities;

(l) A private entity that accredits a health facility or a health care provider;

(m) The legal representative of the entity holding the information in order to secure legal advice; and

(n) A person or entity for research only if the research is conducted pursuant to applicable federal or state laws and regulations governing research.

A.R.S. § 36-664 also addresses issues with respect to:

The Department of Health Services or local health departments to disclose protected health information under certain circumstances:

(a) Authorizations;

(b) Redisclosures;

(c) Disclosures for supervision, monitoring and accreditation;

(d) Listing information in death reports;

(e) Reports to the Department; and

(f) Applicability to insurance entities.

An authorization for the release of communicable disease related information shall be signed by the protected person or, if the protected person lacks capacity to consent, the person's health care decision maker See A.R.S. § 36-664(F). If an authorization for the release of communicable disease information is not signed, the information cannot be disclosed. An authorization shall be dated and shall specify to whom disclosure is authorized, the purpose for disclosure and the time period during which the authorization is effective. A general authorization for the release of medical or other information, including communicable disease related information, is not an authorization for the release of HIV-related information unless the authorization specifically indicates its purpose as an authorization for the release of HIV-related information and complies with the requirements of A.R.S. § 36-664(F).

The HIPAA Rule does not preempt state law with respect to disclosures of communicable disease information; however, it may impose additional requirements depending upon the type, nature and scope of disclosure. It is advisable to consult with the HIPAA Compliance Officer and/or legal counsel prior to disclosure of communicable disease information.

For example, if a disclosure of communicable disease related information is made pursuant to an authorization, the disclosure shall be accompanied by a statement in writing which warns that the information is from confidential records which are protected by state law that prohibits

further disclosure of the information without the specific written authorization of the person to whom it pertains or as otherwise permitted by law. A.R.S. § 36-664(H) affords greater privacy protection than § 164.508(c)(2)(ii), which requires the authorization to contain a statement to place the individual on notice of the potential for redisclosure by the recipient and thus, is no longer protected. Therefore, any authorization for protected health information that includes communicable disease information must contain the statement that redisclosure of that information is prohibited.

(17) Disclosure to business associates

The HIPAA Rule allows a covered entity to disclose protected health information to a business associate if the covered entity obtains satisfactory assurances that the business associate will safeguard the information in accordance with 45 C.F.R. § 164.502(e) and the HITECH Act. See the definition of "business associate" in 45 C.F.R. § 160.103. Also see 45 C.F.R. § 164.504(e) and Section 13404 of the HITECH Act for requirements related to the documentation of satisfactory assurances through a written contract or other written agreement or arrangement.

(18) Disclosure to the Arizona Center for Disability Law, acting in its capacity as the State Protection and Advocacy Agency, is allowed pursuant to 42 U.S.C. § 10805, when:

(a) An enrolled person is mentally or physically unable to consent to a release of confidential information, and the person has no legal guardian or other legal representative authorized to provide consent; and

(b) A complaint has been received by the Center or the Center asserts that the Center has probable cause to believe that the enrolled person has been abused or neglected.

(19) Disclosure to third party payors

Disclosure is permitted to a third party payor to obtain reimbursement for health care, mental health care or behavioral health care provided to a patient. See A.R.S. § 36-509(13).

(20) Disclosure to Accreditation Organization.

Disclosure is permissible to a private entity that accredits a health care provider and with whom the health care provider has an agreement that requires the agency to protect the confidentiality of patient information. See A.R.S. § 36-509(14).

4. Disclosures of Alcohol and Drug Information

   a. T/RBHAs and their subcontracted providers that provide drug and alcohol screening, diagnosis or treatment services are federally assisted alcohol and drug programs and shall ensure compliance with all provisions contained in the Federal statutes and regulations referenced above.

   b. T/RBHAs and their subcontracted providers shall notify persons seeking and receiving alcohol or drug abuse services of the existence of the federal confidentiality law and regulations and provide each person with a written summary of the confidentiality provisions. The notice and summary shall be provided at admission or as soon as deemed clinically appropriate by the person responsible for clinical oversight of the person.

   c. T/RBHAs or their subcontracted providers may require enrolled persons to carry identification cards while the person is on the premises of an agency. A T/RBHA or subcontracted provider may not require enrolled persons to carry cards or any other form of identification when off the T/RBHA's or subcontractor's premises that will identify the person as a recipient of drug or alcohol services.

   d. T/RBHAs or their subcontracted providers may not acknowledge that a currently or previously enrolled person is receiving of has received alcohol or drug abuse services without the enrolled person's consent as provided in section F.4.(f)(1) of this policy.

   e. T/RBHAs or their subcontracted providers shall respond to any request for a disclosure of the records of a currently or previously enrolled person that is not permissible under this policy or federal regulations in a way that will not reveal that an identified individual has been, or is being diagnosed or treated for alcohol or drug abuse.

   f. Release of information concerning diagnosis, treatment or referral from an alcohol or drug abuse program shall be made only as follows:

(1) The currently or previously enrolled person or their guardian authorizes the release of information. In this case:

(a) The T/RBHA or subcontracted provider shall advise the person or guardian of the special protection given to such information by federal law;

(b) Authorization must be documented on an authorization form that has not expired or been revoked by the patient. The proper authorization form must be in writing and must contain each of the following specified items:

(i) The name or general designation of the program making the disclosure;
(ii) The name of the individual or organization that will receive the disclosure;
(iii) The name of the person who is the subject of the disclosure;
(iv) The purpose or need for the disclosure;
(v) How much and what kind of information will be disclosed;
(vi) A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it;
(vii) The date, event or condition upon which the authorization expires, if not revoked before;
(viii) The signature of the person or guardian; and
(ix) The date on which the authorization is signed.

(c) Redisclosure

Any disclosure, whether written or oral made with the person's authorization as provided above, must be accompanied by the following written statement: "*This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."*

(2) If the person is a minor, authorization shall be given by both the minor and his or her parent or legal guardian.

(3) If the person is deceased, authorization may be given by:

(a) A court appointed executor, administrator or other personal representative; or

(b) If no such appointments have been made, by the person's spouse; or

(c) If there is no spouse, by any responsible member of the person's family.

(4) Authorization is not required under the following circumstances:

(a) Medical Emergencies – information may be disclosed to medical personnel who need the information to treat a condition that poses an immediate threat to the health of any individual, not necessarily the currently or previously enrolled person, and that requires immediate medical intervention. The disclosure must be documented in the person's medical record and must include the name of the medical person to whom disclosure is made and his or her affiliation with any health care facility, name of the person making the disclosure, date and time of the disclosure and the nature of the emergency. After emergency treatment is provided, written confirmation of the emergency must be secured from the requesting entity.

(b) Research Activities – information may be disclosed for the purpose of conducting scientific research according to the provisions of 42 C.F.R. § 2.52.

(c) Audit and Evaluation Activities – information may be disclosed for the purposes of audit and evaluation activities according to the provisions of 42 C.F.R. § 2.53.

(d) Qualified Service Organizations – information may be provided to a qualified service organization when needed by the qualified service organization to provide services to a currently or previously enrolled

person.

(e) Internal Agency Communications - the staff of an agency providing alcohol and drug abuse services may disclose information regarding an enrolled person to other staff within the agency, or to the part of the organization having direct administrative control over the agency, when needed to perform duties related to the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment to a person. For example, an organization that provides several types of services might have an administrative office that has direct administrative control over each unit or agency that provides direct services.

(f) Information concerning an enrolled person that does not include any information about the enrolled person's receipt of alcohol or drug abuse diagnosis, treatment or referral for treatment is not restricted under this section. For example, information concerning an enrolled person's receipt of medication for a psychiatric condition, unrelated to the person's substance abuse, could be released as provided in section F.3. of this policy.

(g) Court-ordered disclosures – A state or federal court may issue an order that authorizes an agency to make a disclosure of identifying information that would otherwise be prohibited. A subpoena, search warrant or arrest warrant is not sufficient standing alone, to require or permit an agency to make a disclosure.

(h) Crimes committed by a person on an agency premises or against program personnel. Agencies may disclose information to a law enforcement agency when a person who is receiving treatment in a substance abuse program has committed or threatened to commit a crime on agency premises or against agency personnel. In such instances, the agency must limit the information disclosed to the circumstances of the incident to the person's name, address, last known whereabouts and status as a person receiving services at the agency.

(i) Child abuse and neglect reporting – Federal law does not prohibit compliance with the child abuse reporting requirements contained in A.R.S. § 13-3620.

(5) A general medical release form or any authorization form that does not contain all of the elements listed in Section F.4.(f)(1) above is not acceptable.

5. Security Breach Notification

T/RBHAs and their subcontracted providers, in the event of an impermissible use or disclosure of confidential information, must provide notification to any and all persons affected by the breach in accordance with Section 13402 of the HITECH Act.

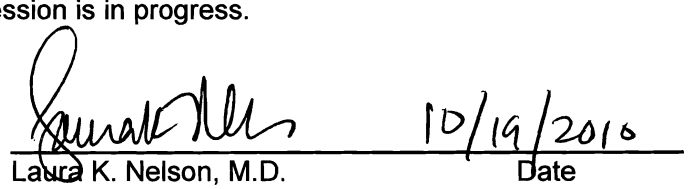
6. Telemedicine

To ensure confidentiality of telemedicine sessions, providers must do the following when providing services via telemedicine:

a. The videoconferencing room door must remain closed at all times; and

b. If the room is used for other purposes, a sign must be posted on the door, stating that a clinical session is in progress.

G. APPROVED BY:



10/19/2010

Laura K. Nelson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY CO 1.5 FAMILY AND YOUTH INVOLVEMENT IN THE CHILDREN'S BEHAVIORAL HEALTH SYSTEM

A. PURPOSE:

To describe family, youth and young adult involvement as a necessary and effective component for serving children in Arizona's public behavioral health system.

To define roles that are uniquely intended for parents/caregivers of children who receive or have received services and roles for youth and young adults who receive or have received services.

To describe the roles that family-run organizations play in optimizing family, youth and young adult involvement in the public behavioral health system.

To present a wide array of opportunities and establish an infrastructure to support family, youth and young adult involvement at all levels of the Children's Behavioral Health System.

B. SCOPE:

This policy applies to all levels of the Children's Behavioral Health System throughout the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA providers.

C. POLICY:

T/RBHAs and T/RBHA providers must establish meaningful roles for families, youth and young adults. T/RBHAs and T/RBHA providers must involve family, youth and young adults in decision making at all levels within their organizations. T/RBHA providers must promote family, youth and young adult participation during treatment planning and service delivery.

D. REFERENCES:

ADHS/RBHA Contracts
ADHS/TRIBAL IGAs
Provider Manual Section 4.5, Partnerships with Families and Family-Run Organizations in the Children's Behavioral Health System
ADHS/DBHS Practice Protocol, Family and Youth Involvement in the Children's Behavioral Health System
Examining the Relationship Between Family-Run and Non Family-Run Organization Partners
Access, Voice and Ownership Examining Service Effectiveness from the Family's Perspective
Learning from Colleagues: National technical assistance center for Children's Mental Health
Quick Guide for Self-Assessment of Family-Run Organizations in Systems of Care

E. DEFINITIONS:

Emerging Family Leaders

Family Involvement

Family–Driven Care

Family-Professional Partnerships

Family-Run Organizations

Family Leaders

Family Member

Parent-Delivered Support or Service

Youth/Young Adult-Delivered Support

F. PROCEDURES

1. Each T/RBHA and T/RBHA provider is required to implement Child and Family Team (CFT) practice within this policy framework and implement family roles to support family driven care within the children's behavioral health system.

2. T/RBHAs and T/RBHA providers must:
   a. Ensure that service planning and delivery is driven by family members, youth and young adults.
   b. Support requests for services from family members, youth and young adults that respond to their unique needs, including providing information/educational materials to explore various service options.
   c. Obtain consent which allows families, youth and young adults to opt out of some services and choose other appropriate services (see Provider Manual Section 3.11, General and Informed Consent).
   d. Provide contact information and allow contact with all levels of personnel within the agency for families, youth and young adults.
   e. Make a Family Support Partner (FSP) available to the family when requested by the CFT.

3. T/RBHAs must:
   a. Support family, youth and young adults in roles that have influence and promote shared responsibility and active participation.
   b. Assign resources to promote family, youth and young adult involvement including committing money, space, time, personnel and supplies; and
   c. Involve parents/caregivers, youth and young adults as partners at all levels of planning and decision making, including delivery of services, program management and funding.

4. ADHS/DBHS, T/RBHAs and T/RBHA providers must demonstrate commitment to employment of parents/caregivers, youth and young adults by:
   a. Providing positions that value the first person experience;
   b. Establishing and maintaining a work environment that values the contribution of parents/caregivers, youth and young adults;
   c. Promoting tolerance of the family, youth and young adult roles in the workplace among system partners;
   d. Providing supervision and guidance to support and promote professional growth and development of family, youth and young adults in these roles;
   e. Provide the flexibility needed, to accommodate parents/Family Members and young adults employed in the system, without compromising expectations to fulfill assigned tasks/roles.
   f. Providing compensation that values first-person experience commensurate with professional training; and
   g. Committing to protect the integrity of these roles.

5. Adherence to this section will be measured through the use of one or more of the following:
   a. Surveys, including the Annual Network Family Survey and Youth Satisfaction Survey;
   b. Analysis of the behavioral health system, including the Annual Network Inventory and Analysis of Family Roles and System of Care Practice Reviews.

G. APPROVED BY:

10/7/10

Laura K. Nelson, M.D. Date
Deputy Director
Division of Behavioral Health Services
Chief Medical Officer
Arizona Department of Health Services

10-13-10

Rodgers Wilson, M.D. Date
Chief Medical Officer
Division of Behavioral Health Services
Arizona Department of Health Services

Section 2.0 Quality Management/Monitoring (QM)

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

A. PURPOSE: To establish a method to promote the most effective and efficient use of available behavioral health facilities and services consistent with behavioral health recipient needs and professionally recognized standards of health care.

B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs) must ensure that all Office of Behavioral Health Licensing (OBHL) licensed Level I subcontracted providers adhere to the requirements of this policy.

C. POLICY: The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has established guidelines for the development and reporting of Medical Care Evaluation (MCE) studies and ensures that each T/RBHA has a review process in place to confirm that required MCE Studies are undertaken, completed, analyzed, and utilized to improve care.

D. REFERENCES:
42 CFR 456.141 through 145
42 CFR 456.241 through 245
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
The Joint Commission
ADHS/DBHS Covered Behavioral Health Services Guide

E. PROCEDURES:

1. ADHS/DBHS will ensure the systematic application of MCE study topics and methodologies across T/RBHAs via review of statewide utilization data trends. T/RBHA proposed MCE study proposals, study methodologies and supporting data will be reviewed via the ADHS/DBHS MM/UM Committee. Final approval of ADHS/DBHS systemic MCE studies will occur at the ADHS/DBHS MM/UM Committee.

2. Responsibilities and Requirements

   a. The T/RBHAs shall ensure that the following Title XIX certified Level I inpatient facilities with which the T/RBHA subcontracts has at least one MCE study completed annually and proposes an additional MCE study annually:

      (1) Level I hospital
      (2) Level I Psychiatric hospital
      (3) Level I Residential treatment centers (RTC) secure (non-IMD)
      (4) Level I Residential treatment centers (RTC) secure (IMD)
      (5) Level I Residential treatment centers (RTC) Non secure (non-IMD)

(6) Level I Residential treatment centers (RTC) Non secure (IMD)
(7) Level I Sub-acute facilities (IMD and Non-IMD) accredited by the Joint Commission, the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF)

b. The standard study period for MCE studies starts on July 1st of each year through June 30th of the succeeding year. Deviations from this study period and all longitudinal studies must be pre-approved by the ADHS/DBHS Bureau of Quality Management Operations (BQMO) prior to initiation. Any request for extension shall be made in writing and received by ADHS/DBHS within two (2) weeks from the date the T/RBHA received the provider's MCE Request for Registration (see PM Form 8.5.1, MCE Study Request for Registration and Evaluation Methodology).

c. If the facility is located outside the region covered by the contracting T/RBHA, then the contracting T/RBHA shall execute a written reciprocity agreement (see Attachment 1, Sample Reciprocity Agreement) with the T/RBHA within whose geographic boundaries the facility is located (home T/RBHA).

d. If the facility is located outside the region covered by the contracting T/RBHA, and the home T/RBHA does not hold a contract with the facility, then the contracting T/RBHA shall serve as the home T/RBHA and is responsible for ensuring the conduction and completion of the MCE studies. If there is more than one T/RBHA concerned, contracting T/RBHAs may collaborate to choose a new home T/RBHA.

e. If the home T/RBHA holds a contract with a facility within its region, and its contract is terminated during the study period, the home T/RBHA must notify in writing ADHS/DBHS and all other T/RBHAs with which an MCE reciprocity agreement has been executed within five (5) working days. Failure to notify ADHS/DBHS and other T/RBHAs will result in holding the home T/RBHA responsible for completion of the MCE studies.

f. Upon receipt of notification, the contracting T/RBHA outside of the region then becomes responsible for conducting the MCE study. Necessary steps to ensure continuation of the study shall be undertaken by the contracting T/RBHA within ten (10) working days from receipt of notice. If there is more than one T/RBHA concerned, T/RBHAs may collaborate to choose a new home T/RBHA. In such instances, a reciprocity agreement with the new home T/RBHA shall be executed and reported to ADHS/DBHS within five (5) working days from execution of the reciprocity agreement.

g. In the event that there is a reciprocity agreement, the home T/RBHA is responsible for providing a copy of the completed MCE study report to each contracting T/RBHA holding an MCE reciprocity agreement within five (5) working days of receipt of the report from the provider facility.

h. The Medical Director of each contracting T/RBHA that holds an MCE reciprocity agreement reviews the completed MCE and provides written comment to the home T/RBHA within two (2) weeks of receipt of the MCE study report.

i. The home T/RBHA communicates comments and recommendations resulting from the home T/RBHA Medical Director's review of the MCE study report to the provider facility. The home T/RBHA shall also forward any comments or recommendations received from contracting T/RBHAs outside of the region to the provider facility.

j. Each Medical Care Evaluation Study shall:

(1) Identify and analyze medical and/or administrative factors related to the subcontracted provider facility's behavioral health recipient care;

(2) Include analysis of at least the following: admissions, length of stay, ancillary services provided including drugs and biologicals, and professional services performed;

(3) Include recommendations for improvements beneficial to behavioral health recipients, the facility and the community; and

(4) Use data obtained from one or more of the following sources dependent upon the scope of the MCE study: medical records or other appropriate subcontracted provider facility data; profiles and other comparative data; and/or secondary data sources, such as external organizations that compile utilization statistics.

k. Each Level I subcontracted provider facility shall document the results of each study as well as document how the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services.

l. Each Level I subcontracted provider facility shall analyze its findings for each study and take action as needed to correct or investigate any deficiencies or problems in the review process for admissions or continued stay cases.

m. Each Level I subcontracted provider facility shall recommend, as appropriate, more effective and efficient facility care procedures based on the study findings.

n. The home or contracting T/RBHA Medical Director and the T/RBHA Quality Management or Medical Management/Utilization Review Committee shall review and approve each MCE Study final report to assure that studies are viable for use in improving the quality of care provided to behavioral health recipients.

3. Documentation and Reporting of Studies

a) By May 31st of each year, each subcontracted inpatient hospital, mental hospital, residential treatment center or sub-acute facility provider shall submit a MCE Study Request for Registration and Evaluation Methodology Form for the upcoming state fiscal year to the home T/RBHA using the PM Form 8.5.1, MCE Medical Care Evaluation Study Request For Registration and Evaluation Methodology).

b) By June 30th of each year, the home T/RBHA shall have reviewed and approved all provider facility MCE Requests for Registration and Evaluation Methodology.

c) By October 1st of each year, the home T/RBHA shall submit a new PM Form 8.5.1, MCE Medical Care Evaluation Study Request For Registration and Evaluation Methodology, with T/RBHA portion completed, to the ADHS/DBHS BQMO, to be reviewed by the MM/UM Committee, for all upcoming MCE studies. In addition, the home T/RBHA shall submit a Reciprocity Agreement List that contains the following information: (a) Name of Provider Facility; (b) AHCCCS Provider ID Number; and (c) Name of T/RBHA with whom the home T/RBHA entered an MCE Reciprocity Agreement.

d) Each subcontracted inpatient mental hospital, residential treatment center, or sub-acute facility provider must submit a final MCE study report to the home T/RBHA by July 31st of each year. The report must be completed by using the PM Form 8.5.2 Medical Care Evaluation – Provider and T/RBHA Review of Final Results and will contain the final results of the MCE Study. The final results shall include an in-depth analysis and narrative of how the subcontracted provider facility plans to use the information to improve behavioral health recipient care.

e) If the final results are not approved by the home T/RBHA, any requests for provider follow up to final results should be submitted to the home T/RBHA.

f) Annually, by September 1st, each home T/RBHA shall submit a summary of the study results and recommendations to ADHS/DBHS using the Medical Care Evaluation T/RBHA Review of Final Results form (see PM Form 8.5.2 Medical Care Evaluation – Provider and T/RBHA Review of Final Results). Instructions for the completion of the required forms pertaining to the MCE studies are included in each form.

g) ADHS/DBHS, on a case-by-case basis, may request the T/RBHA to provide additional information regarding the implementation of provider facility quality improvement plans developed as a result of MCE study findings. In this case, the manner of reporting will be prescribed at the time the request is made.

h) T/RBHAs shall maintain copies of all MCE-related documents, including MCE Requests for Registration, MCE Reciprocity Agreements, final MCE study reports, and MCE-related correspondence with provider facilities or other T/RBHAs, to be available upon request for ADHS/DBHS review.

i) The T/RBHA analysis of the MCE Studies and the ADHS/DBHS commentary/summary shall be made available for review by AHCCCS annually upon request.

j). Annually, by November 30th, a summary of the MCE studies results will be reviewed at the ADHS/DBHS MM/UM Committee and presented to the ADHS/DBHS Quality Management Committee.

F. APPROVED BY:

6/22/10

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

6/18/10

Rodgers Wilson M.D. Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY QM 2.2 SHOWING REPORT

A. PURPOSE: To ensure a Quarterly Showing Report is received from each Tribal or Regional Behavioral Health Authority (T/RBHA) by the 10th day of the month following the end of each quarter.

B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS), and T/RBHAs.

C. POLICY: RBHAs shall submit a Quarterly Showing Report to ADHS/DBHS. The report shall demonstrate compliance with federal certification of need (CON) and recertification of need (RON) requirements.

ADHS/DBHS shall complete showing report requirements related to TRBHAs. The TRBHAs shall review and attest to the validity of the Quarterly Showing Report.

D. REFERENCES:

42 C.F.R. § 456.650
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs

E. DEFINITIONS

Certification of Need (CON)

Recertification of Need (RON)

F. PROCEDURES:

1. A “showing report” is a report that demonstrates compliance with federal requirements related to CON and RON for inpatient behavioral health services including inpatient hospitals, mental hospitals, residential treatment centers, and sub-acute facilities.

2. The T/RBHA must:

   a. Complete the Quarterly Showing Report Certification form (Attachment A) including the signature of the T/RBHA’s Medical Director or Chief Executive officer.

3. ADHS/DBHS will:

   a. Submit the following documents to Arizona Health Care Cost Containment System (AHCCCS) by the 17th day of the month following the end of each quarter:

      (1) A Showing Report Certification form from each T/RBHA (Attachment A),

      (2) A cover letter signed by the ADHS/DBHS Deputy Director or designee and the ADHS/DBHS Medical Director that includes the following information (Attachment B):

         (a) A certification that for the previous quarter, methods and procedures existed to ensure that federal requirements for CON and RON were met,

         (b) A statement that a certification submitted by each T/RBHA is attached to the cover letter,

         (c) A statement identifying that each T/RBHA either had no errors or the number of Title XIX and Title XXI errors for each T/RBHA.

G. APPROVED BY:

6/22/10

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

6/13/10

Rodgers Wilson, M.D Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

ATTACHMENT A

QUARTERLY SHOWING REPORT CERTIFICATION

I hereby certify that during the calendar quarter of (Month and Year) through (Month and Year) for each eligible person for whom capitation for mental health services from AHCCCS was received, there were methods and procedures to assure that:

1. A qualified team certified (and, where inpatient services were furnished over a period of time, re-certified) the necessity of inpatient services for each eligible person receiving such services through (name of T/RBHA).

2. In the case of each (name of T/RBHA) eligible person receiving inpatient services, such services were furnished under a plan of care established and periodically reviewed and evaluated by a qualified team.

3. There was in operation a continuous program of utilization review under which the admission of each eligible person receiving services was reviewed or screened.

Date:_____ T/RBHA Name: _____

Typed Name	Title	Date

Signature	Title	Date

Last Reviewed: 03/18/10
Last Revised: 03/01/09

ATTACHMENT B

COVER LETTER TEMPLATE

[DATE]

[TO AHCCCS Contact]
AHCCCS
Behavioral Health Unit
701 East Jefferson
2ND Floor
Mail Drop 6500
Phoenix, Arizona 85034

Re: Quarterly Showing Report

Dear **[AHCCCS Contact]**:

I hereby certify that during the calendar quarter **[Month and Year]** through **[Month and Year]**, for each eligible person for whom capitation for mental health services from AHCCCS was received, there were methods and procedures to assure that:

1. A qualified team certified (and, where inpatient services were furnished over a period of time, recertified) the necessity of inpatient services for each eligible person receiving such services through the T/RBHA.

2. In the case of each T/RBHA eligible person receiving inpatient services, such services were furnished under a plan of care established and periodically reviewed and evaluated by a qualified team.

3. There was in operation a continuous program of utilization review under which the admission of each eligible person receiving inpatient services was reviewed or screened.

Attached are the Showing Report Attestations submitted by the T/RBHAs for the quarter ending **[DATE]**.

Letter to **[AHCCCS Contact]**
[DATE]

A total of **[NUMBER] Title XIX** records contained **[NUMBER]** errors for an overall error rate of **[PERCENTAGE]**

A total of **[NUMBER] Title XXI** records contained **[NUMBER]** errors for an overall error rate of **[PERCENTAGE]**.

For the purposes of quality improvement, ADHS/DBHS continues to investigate the source of errors reported or identified in the records reviewed..

[T/RBHA(s)] submitted an error-free Title XIX report this quarter.

[T/RBHA(s)] reported inpatient utilization for Title XXI members and both reports were **[ERROR RATE]**.

If you have any questions, please contact the Bureau of Quality Management Operations at (602) 364-4636.

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Rodgers Wilson, M.D Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

Last Reviewed: 03/18/10
Last Revised: 03/01/09

Effective Date of Policy: 12/03/2001
Last Review Date: 05/10/2011
Last Revision Effective Date: 06/15/2011

POLICY QM 2.3 BEHAVIORAL HEALTH RECIPIENT SATISFACTION SURVEY

A. PURPOSE: To ensure that the Behavioral Health Recipient Satisfaction Survey is conducted, implemented and analyzed annually with active participation from Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA contracted providers. The survey is conducted with Title XIX and XXI enrolled persons, and is used to maintain the highest quality of care within the public behavioral health system.

B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and Tribal and Regional Behavioral Health Authorities (T/RBHAs). As applicable, T/RBHAs must ensure that all contracted providers adhere to the requirements of this policy.

C. POLICY: The T/RBHAs and their subcontracted providers must participate in and cooperate with ADHS/DBHS in planning, implementation, administration, data analysis and results reporting of the annual behavioral health recipient survey.

D. REFERENCES:

The following citations can serve as additional resources for this content area:
42 C.F.R. § 438.10 (b)(c)(d)
42 C.F.R. § 438.206
42 C.F.R. § 438.240
A.A.C. R9-22-522 (B)(1) and (5)
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Provider Manual Section 8.3, Behavioral Health Recipient Satisfaction Survey
ADHS/DBHS Annual Consumer Survey Report
ADHS/DBHS Quality Management (QM) plan
ADHS/DBHS Medical Management/Utilization Management (MM/UM) Plan
Mental Health Statistics Improvement Program (MHSIP)

E. PROCEDURES:

1. Mental Health Statistics Improvement Program (MHSIP) Statewide Consumer Survey

a. Annually, ADHS/DBHS, the T/RBHAs, and T/RBHA contracted providers jointly conduct the Behavioral Health Recipient Satisfaction Survey (i.e., the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F)) based on the MHSIP survey questions (See the Mental Health Statistics Improvement Program (MHSIP) for further information). The purpose of the survey is to assess behavioral health recipients' perception of (1) access to services, (2) the quality and appropriateness of services, (3) the outcomes of services, (4) participation in treatment planning, (5) cultural sensitivity, (6) general satisfaction with services received, (7) social connectedness, and (8) improved functioning. The results of the survey are used to initiate performance improvement efforts statewide.

b. ADHS/DBHS will provide oversight for the statewide implementation of the MHSIP Consumer Survey. ADHS/DBHS facilitates the following survey activities:

(1) Organizing and facilitating the survey-related focus group meetings with T/RBHAs and other stakeholders representing providers, behavioral health recipients, advocates and family members. Focus group members will serve as the working committee for survey planning and implementation;

(2) Determining a statistically significant sample size for each T/RBHA;

(3) Communicating with MHSIP to secure updated survey instruments;

(4) Translating the survey into another language when the other language is spoken by three thousand (3,000) or ten percent (10%), whichever is less, of the behavioral health recipients in a geographic region who also have Limited English Proficiency and provide sample survey instruments to each T/RBHA for distribution;

(5) Ensuring a uniform statewide survey distribution and data collection process;

(6) Compiling and analyzing statewide survey data; and

(7) Ensure that the T/RBHAs initiate appropriate implementation activities to improve care for behavioral health recipients in response to survey findings.

c. The T/RBHAs must perform several activities pertaining to regional survey administration, data collection, analysis and the development of a regional report of survey results. T/RBHA survey responsibilities include:

(1) Full participation in all survey focus group meetings coordinated by ADHS/DBHS before, during, and after survey administration.

(2) Preparation for survey implementation within the Geographic Service Areas (GSAs) for which the T/RBHA is responsible. This includes:

(a) Creation of a T/RBHA staffing and implementation plan for the administration of the survey;

(b) Coordination with subcontracted providers to ensure awareness and active participation in survey activities; and

(c) Oversight of logistical arrangements (e.g., copies of surveys and return envelopes) necessary for the administration of the survey. Logistics may be provided either by the T/RBHA or by T/RBHA contracted providers, depending on their agreement.

(3) Distribution of surveys and other relevant material to the sample population according to the survey protocol. The adult survey will be administered to adult behavioral health recipients. If the individual requests assistance, a guardian may complete the questionnaire on the behavioral health recipient's behalf. The YSS-F will be administered to the parent/guardian of the child receiving services.

(4) Training of the participating behavioral health providers about their role in the administration of the survey and ensuring consistent and correct interpretation of the survey protocol.

(5) Oversight to ensure consistent implementation of the survey protocol across the participating subcontracted providers.

(6) Updates to ADHS/DBHS periodically on the progress of the survey implementation and discuss administration issues in a timely manner.

(7) Submit to ADHS/DBHS the required data files and report updates as follows:

(a) Mid-term evaluation of the progress of survey administration; and

(b) Data file containing survey results according to a specified format.

(8) Collection of completed surveys, review, and analysis of survey data according to ADHS/DBHS specifications, and development of a T/RBHA survey report. The survey report provides a description and analysis of T/RBHA specific results, following the report outline agreed upon with ADHS/DBHS.

(9) Collaboration with ADHS/DBHS to plan and prepare for future survey cycles.

(10) Reporting on the results of the survey to local stakeholders (e.g., behavioral health recipients, family members).

(11) Identifying patterns, problems or other issues related to survey results and take corrective action to initiate quality improvement actions as necessary to achieve enhanced behavioral health recipient satisfaction.

d. ADHS/DBHS will compile survey data submitted by the T/RBHAs, complete a statewide analysis of survey results and develop a statewide survey report proposing areas for improvement based on the analysis. The results of the MHSIP/Behavioral Health Recipient Satisfaction Survey will become public information and will be available upon request to all interested parties. ADHS/DBHS posts the report online at the following location: ADHS/DBHS Annual Consumer Survey Report.

e. ADHS/DBHS must submit the statewide survey report, including the survey methodology, to The Arizona Health Care Cost Containment System (AHCCCS) annually in accordance with the AHCCCS/ADHS contract.

F. APPROVED BY:

Laura K. Nelson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Rodgers Wilson, M.D Date
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY QM 2.4 REPORTING AND MONITORING THE USE OF SECLUSION AND RESTRAINT

A. PURPOSE: To establish requirements for reporting and monitoring the use of seclusion and restraint for all enrolled persons.

B. SCOPE: The Arizona State Hospital (AzSH),Regional Behavioral Health Authorities (RBHAs), including Tribal RBHAs, and T/RBHA subcontracted OBHL Licensed Level I Behavioral Health Programs using seclusion and restraint.

C. POLICY: T/RBHAs and the Arizona State Hospital (AzSH) shall receive reports concerning the use of seclusion and restraint with all enrolled persons, including persons determined to have a Serious Mental Illness (SMI) and children and shall monitor their subcontracted providers to ensure that use of these methods is consistent with all applicable requirements.

D. REFERENCES:
42 U.S.C. § 290ii
42 U.S.C.§ 290ii-1
42 C.F.R. § 482.13
42 C.F.R. § 483 Subpart G
42 C.F.R. § 483.374
A.R.S. § 36-513
A.R.S. § 36-528
R9-20-101
R9-20-202
R9-20-203
R9-20-216
R9-20-601
R9-20-602
R9-21-101
R9-21-204
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
ADHS/DBHS Quality Management Utilization Management Plan and Work Plan
ADHS/DBHS Performance Improvement Specification Manual
ADHS/DBHS Policy GA 3.8, Disclosure of Confidential Information to Human Rights Committees
Section 7.3, Seclusion and Restraint Reporting
Section 7.4, Reporting of Incidents, Accidents and Deaths
National Association of State Mental Health Program Directors Position Statement on Seclusion and Restraint

E. DEFINITIONS:

ADHS/DBHS Office of Human Rights

Drug used as a Restraint, Sub-Acute Agency

Emergency Safety Situation

Human Rights Committees

Level I Inpatient Treatment Program

Mechanical Restraint

Mechanical Restraint, Sub-Acute Agency

Personal Restraint- Level I Psychiatric Acute Hospital Programs

Personal Restraint- Residential Treatment Centers Providing Services to Persons under the Age of 21

Personal Restraint, Sub-Acute Agency

Residential Treatment Center (RTC)

Restraint

Seclusion- Individuals Determined to have a Serious Mental Illness

Seclusion- Level I Programs

Seclusion, Sub-Acute Agency

Serious Occurrence

Serious Mental Illness (SMI)

Sub-Acute Agency

F. PROCEDURES:

1. Each T/RBHA shall ensure that:

   a. Subcontracted licensed Level I behavioral health programs authorized to use seclusion and restraint submit individual reports of incidents of seclusion and restraint within five (5) days of the occurrence to the T/RBHA utilizing Provider Manual Form 7.3.1, Seclusion and Restraint Reporting-Level I Programs. Reporting procedures must adhere to the ADHS/DBHS Provider Manual Section 7.3, Seclusion and Restraint Reporting.

b. In the event that the use of seclusion or restraint requires face-to-face monitoring, a report detailing face-to-face monitoring is submitted to the T/RBHA along with Provider Manual Form 7.3.1, Seclusion and Restraint Reporting- Level I Programs (see Provider Manual Attachment 7.3.1, Face-to-Face Monitoring Requirements).

c. Each subcontracted licensed Level I behavioral health program reports the total number of occurrences of the use of seclusion and restraint that occurred in the prior month to the T/RBHA by the 5th calendar day of the month. If there were no occurrences of seclusion and/or restraint during the reporting period, the report should so indicate.

2. Each T/RBHA and the AzSH shall distribute individual and summary reports of the use of seclusion and restraint as follows:

a. Forward individual reports concerning the use of seclusion and restraint with SMIs and children to the ADHS/DBHS Office of Human Rights on a weekly or monthly basis, as arranged with OHR. The AzSH or T/RBHA should redact any information on substance abuse or HIV/AIDS/communicable disease from the reports. Individual reports must be submitted to the following address:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)
Office of Human Rights
150 N. 18th Avenue, Suite 210
Phoenix, AZ 85007

b. Submit monthly reports of seclusion and restraint information involving SMIs to the OHR using the Seclusion and Restraint Monthly Report for DBHS/OHR included in the ADHS/DBHS Performance Improvement Specifications Manual. Reports are to be forwarded by the 10th day of each month.

c. Submit summary seclusion and restraint reports to the ADHS/DBHS Bureau of Quality Management Operations as required by ADHS/RBHA contracts and ADHS/TRBHA IGAs.

3. The RBHA and the AzSH shall distribute individual and summary reports of the use of seclusion or restraint as follows:

a. Forward individual reports of the use of seclusion or restraint for all enrolled persons to the appropriate Human Rights Committee for the region on a weekly or monthly basis, as arranged with the individual Human Rights Committee. The Arizona State Hospital or RBHA must ensure that the disclosure of protected health information is in accordance with ADHS/DBHS Policy GA 3.8, Disclosure of Confidential Information to Human Rights Committees.

b. Submit monthly summary reports of seclusion and restraint information for all enrolled persons to the appropriate Human Rights Committee for the region using the Seclusion and Restraint Monthly Report for the Human Rights Committees included in the ADHS/DBHS Performance Improvement Specifications Manual. The reports must be submitted by the 10th day of each month. Monthly summary reports must be redacted.

G. APPROVED BY:

8/13/09

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services/Division of Behavioral Health Services

8/16/09

Rodgers Wilson, M.D. Date
Acting Chief Medical Officer
Arizona Department of Health Services/Division of Behavioral Health Services

POLICY QM 2.5 REPORTING OF INCIDENTS, ACCIDENTS, AND DEATHS

A. PURPOSE: To establish requirements for reporting incidents, accidents, and deaths of all behavioral health recipients.

B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs) and the Arizona State Hospital (AzSH). T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.

C. POLICY: T/RBHAs and AzSH must ensure the timely and accurate reporting of incidents, accidents, and deaths involving behavioral health recipients to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Office of Human Rights and the applicable Human Rights Committee. For reporting requirements concerning seclusion and restraint events, see Section 7.3, Seclusion and Restraint Reporting

D. REFERENCES:

42 C.F.R. § 483.352
42 C.F.R. § 483.374
42 C.F.R. § 51.2
A.R.S. § 36-661
A.A.C. R9-6-202 (A), (B)
A.A.C. R9-20-202
A.A.C. R9-20-203
9 A.A.C. 21, Article 2
A.A.C. R9-21-203
AHCCCS/ADHS Contract
ADHS/RBHA Contract
ADHS/TRBHA IGAs
Policy and Procedure CO 1.4, Confidentiality
Policy and Procedure QM 2.4, Reporting and Monitoring the Use of Seclusion and Restraint
Policy and Procedure GA 3.7, Review of Deaths of All Behavioral Health Recipients
Section 7.4, Reporting of Incidents, Accidents and Deaths

E. DEFINITIONS:

Abuse

ADHS Office of Human Rights

Behavioral Health Recipient

Enrolled Person

Incident or Accident

Human Rights Committees

Special Assistance

F. PROCEDURE

1. T/RBHAs and the AzSH must submit copies of incident and accident reports as follows:
   a. Incident and accident reports concerning all enrolled persons must have information removed that personally identifies enrolled persons, and the redacted report must then be submitted to the appropriate Human Rights Committee.

   b. Reports of incidents, accidents, and deaths concerning enrolled persons with a Serious Mental Illness who have been determined to need special assistance must be submitted to the ADHS Office of Human Rights.

   c. Reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a Serious Mental Illness must be provided to the ADHS/DBHS Office of Grievance and Appeals.

   d. T/RBHAs must notify the ADHS/DBHS Bureau of Quality Management Operations to provide periodic status reports regarding significant incidents, accidents and deaths for all enrolled persons. T/RBHAs must inform the ADHS/DBHS Bureau of Quality Management Operations within one working day of its knowledge of significant incidents accidents and deaths for all enrolled persons and provide a summary of findings and corrective actions required, if any, following investigation of the incident accident or death.

2. T/RBHAs must ensure that subcontracted providers follow procedures for reporting incidents, accidents, and deaths, as required in Section 7.4, Reporting of Incidents, Accidents and Deaths, including the use of the PM Form 7.4.1, Incident/Accident/Deaths Report Form.

3. Upon receipt of an Incident/Accident/Death Report, the T/RBHA and the AzSH must:

   a. Take action necessary to ensure the safety of the enrolled persons involved in the incident.

b. Ensure that the information required on the report is completed as required and is legible. If the report is returned to the T/RBHA subcontracted provider for additions or legibility problems, the subcontracted provider must return the corrected version of the report to the T/RBHA within 24 hours of receipt.

c. Forward written reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a Serious Mental Illness to the ADHS Office of Grievance and Appeals as soon as possible, but no later than three working days after its receipt.

d. Redact any information contained in the report regarding:

(1) The enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program,

(2) Information concerning whether a person has had an HIV-related test or has an HIV infection, HIV related illness or Acquired Immune Deficiency Syndrome (AIDS) and information that identifies or reasonably permits identification of the person or the person's contacts, and

(3) Information disclosing that a person has a communicable disease.

e. Submit copies of the report as soon as possible, but no later than three working days after its receipt to:

(1) The ADHS/DBHS Office of Human Rights for reports concerning persons enrolled as Seriously Mentally Ill who have been determined to need special assistance. These reports should not be redacted unless required in F.3.d.(1-3) of this policy.

(2) The appropriate regional Human Rights Committee for reports concerning all enrolled persons. The T/RBHA or AzSH must redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.

4. ADHS will notify AHCCCS within one business day of knowledge of the following significant incidents/accidents involving Title XIX/XXI members:

a. Deaths;
b. Accidents resulting in serious injury or death;
c. Abuse;
d. Neglect;

e. Exploitation;
f. Suicide attempt requiring medical services;
g. Physical injury as a result of personal or mechanical restraint; and
h. Violation of client rights.

5. ADHS will provide AHCCCS with notification of a significant incident/accident regarding Title XIX/XXI members within one business day of knowledge and will submit a summary of findings and corrective actions required, if any, following the investigation of the incident/accident.

6. The T/RBHA must distribute incident reports according to the following table:

T/RBHA Distribution of Incident/Accident/Death Reports

Type of Report	Agency/Organization	Redact Personally Identifying Information?	Redact Information re: Substance Abuse and AIDS?
Incidents/accidents and deaths concerning persons with a Serious Mental Illness who have been determined to be in need of special assistance	ADHS Office of Human Rights	NO	YES
Incidents/accidents and deaths concerning all enrolled persons	Appropriate Regional Human Rights Committee	YES	YES
Reports of allegations of physical abuse and/or sexual abuse concerning persons determined to have a Serious Mental Illness	ADHS/DBHS Office of Grievance and Appeals	NO	NO
Significant incidents, accidents and deaths of all behavioral health recipients	ADHS/DBHS Bureau of Quality Management Operations	NO	NO

G. APPROVED BY:

12/14/09

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

1/5/09

Rodger Wilson, M.D. Date
Acting Chief Medical Director
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY QM 2.6 PEER REVIEW

A. PURPOSE: To establish a peer review process in order to improve the quality of medical care provided to behavioral health recipients.

B. SCOPE: This policy applies to the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Regional Behavioral Health Authorities (RBHAs) and their subcontracted providers.

C. POLICY: ADHS/DBHS will ensure fair, impartial, and professional peer review of services provided to members by health care professionals. ADHS/DBHS is a health care entity and is authorized to establish a quality assurance process within the meaning of those terms as defined in A.R.S. §36-2401 *et seq*. In addition, as an AHCCCS contractor, ADHS/DBHS will be providing a quality assurance process as envisioned by A.R.S. §36-2917. ADHS/DBHS is including the following references/authorities as an initial guide for the user; they are not intended to be the exclusive references or authorities related to the application of this policy.

D. REFERENCES:

42 USC 1320c-9
A.R.S. §36-2401
A.R.S. §36-2402
A.R.S. §36-2403
A.R.S. §36-2404
A.R.S. §36-2917
AHCCCS/ADHS Contracts
ADHS/RBHA Contracts
AHCCCS Medical Policy Manual (AM/PM) 910(A) (4)

E. DEFINITIONS:

Appealable Agency Action

Corrective Action Plan (CAP)

Behavioral Health Medical Practitioner

Peer

Peer Review

Provider

F. PROCEDURES:

1. ADHS/DBHS will establish and maintain a Peer Review Committee. The Peer Review Committee will serve as the primary entity responsible for ensuring its contractors and subcontractors adhere to a clinically appropriate peer review process.

2. The ADHS/DBHS Bureau of Quality Management Operations may submit a matter for peer review to the Chair of the ADHS/DBHS Peer Review Committee, or designee.

3. Matters appropriate for peer review may include, but are not limited to:
   a. Questionable clinical decisions;
   b. Lack of care and/or substandard care;
   c. Inappropriate interpersonal interactions or unethical behavior;
   d. Physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;
   e. Allegations of criminal or felonious actions related to practice;
   f. Issues that immediately impact the member and that are life threatening or dangerous;
   g. Unanticipated death of a member;
   h. Issues that have the potential for adverse outcome; or
   i. Allegations from any source that brings into question the standard of practice.

4. ADHS/DBHS Peer Review Committee membership will include:
   a. The ADHS/DBHS Medical Director (Chair) or designee;
   b. Licensed Medical Practitioners within ADHS/DBHS including internal and external consultants when necessary specialty expertise is not available internally;
   c. The ADHS/DBHS Deputy Director and the Branch Chief of the Bureau of Quality Management may serve as non-voting members.

5. The ADHS/DBHS Peer Review Committee will convene at least quarterly but, in emergent cases, an *ad hoc* meeting will be called by the Chair or designee.

6. The ADHS/DBHS Peer Review Committee will examine RBHA's selected peer review outcomes and information made available through the quality management process to monitor the RBHA peer review process. As the result of the review, the ADHS/DBHS Peer Review Committee will make recommendations to the RBHA Chief Medical Officer that may include, but are not limited to:
   a. Peer contact;
   b. Education;
   c. Rehabilitative service referral;

d. Corrective Action Plans; and/or

e. Other corrective actions as deemed necessary.

7. The ADHS/DBHS Peer Review Committee and ADHS/DBHS Quality Management Committee must review its monitoring process and corresponding guidance documents annually.

8. The ADHS/DBHS Peer Review Committee may also make recommendations for RBHA Chief Medical Officers to refer cases to Child or Adult Protective Services, Arizona Medical Board and/or other professional regulatory review boards as applicable, and AHCCCS for further investigation or action and notification to regulatory agencies.

9. RBHAs must implement recommendations made by the ADHS/DBHS Peer Review Committee. Some ADHS/DBHS Peer Review recommendations may be appealable agency actions under Arizona law. A provider may appeal such a decision through the administrative process described in A.R.S. § 41-1092, et seq.

10. The ADHS/DBHS Quality Management Committee will at least annually evaluate analyses and trended peer review decisions.

11. All aspects of the peer review process must be kept confidential and must not be discussed outside of committee except for the purposes of implementing recommendations made by the ADHS/DBHS Peer Review Committee. Confidentiality must be extended to, but is not limited to, all of the following:
    a. Peer review reports;

    b. Meeting minutes;

    c. Documents;

    d. Discussions;

    e. Recommendations; and

    f. Participants.

12. All participants in the ADHS/DBHS Peer Review Committee must sign an ADHS/DBHS confidentiality and conflict of interest statement at the initiation of each peer review committee meeting.

APPROVED BY:

6/4/2012

Laura K. Nelson, M.D. Date
Deputy Director
Division of Behavioral Health Services
Chief Medical Officer
Arizona Department of Health Services

6/5/12

Steven Dingle, M.D. Date
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY QM 2.7 QUALITY OF CARE CONCERNS

A. PURPOSE: To establish a uniform process for acknowledging, researching, evaluating and resolving Quality of Care (QOC) concerns identified through a variety of sources. While these sources can include complaints as identified and resolved under Policy and Procedure Manual Section GA 3.6, Complaint Resolution, the QOC process is separate and independent of the complaint investigation and resolution process. The concerns may be referred by state agencies, internal Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) sources (e.g., Customer Service, the Office of the Deputy Director), and external sources (e.g., behavioral health recipients; providers; other stakeholders; Incident, Accident, and Death reports).

B. SCOPE: This policy applies to the ADHS/DBHS and its contracted Tribal/Regional Behavioral Health Authorities (T/RBHA) and their contracted providers.

C. POLICY: ADHS/DBHS delegates QOC concerns to the T/RBHA for investigation, and ensures all QOC concerns are acknowledged, researched, evaluated, resolved and used to improve the quality of the service delivery system in accordance with the Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual, Section 960. All QOC concern cases are kept confidential under all applicable confidentiality laws and regulations. The QOC concern process is a stand alone process and is not combined with any other meetings or processes.

D. REFERENCES:
42 U.S.C. 1320c-9
42 U.S.C. 11101 et seq.
A.R.S. §36-2401
A.R.S. §36-2402
A.R.S. §36-2403
A.R.S. §36-2404
A.R.S. §36-2917
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
AHCCCS Medical Policy Manual, Chapter 900, Sections 910 & 960
Section GA 3.6, Complaint Resolution
Section QM 2.5, Reports of Incidents, Accidents and Deaths
Section QM 2.6, Peer Review
Provider Manual Section 7.4, Reporting of Incidents, Accidents and Deaths

E. DEFINITIONS:

Behavioral Health Recipient

Behavioral Health Representative

Corrective Action

Guardian

Incident, Accident and Death

Peer Review

Quality of Care Concern (QOC)

Regulatory Agency

F. PROCEDURE:

1. QOC concerns may be referred by state agencies, internal Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) sources (e.g., Customer Service, the Office of the Deputy Director), and external sources (e.g., behavioral health recipients; providers; other stakeholders; Incident, Accident, and Death reports).

2. Upon receipt of a QOC concern, ADHS/DBHS will acknowledge the QOC concern allegation and delegate the research, evaluation and resolution of the QOC concern to the T/RBHA according to the established guidelines in the AHCCCS AMPM Chapter 900, Sections 910 and 960. The T/RBHA will use Attachment 1 to provide an acknowledgment to ADHS/DBHS of the receipt of the QOC concern from ADHS/DBHS. The T/RBHA will use Attachment 2 to provide a response to ADHS/DBHS regarding the QOC concern.

3. QOC concern cases will be kept confidential under all applicable confidentiality laws and regulations. The QOC concern process will be a stand alone process and will not be combined with any other meetings or processes.

4. The T/RBHA must research, analyze, evaluate, and resolve each QOC concern from a recipient perspective and, when appropriate, a system perspective. Recipient resolution and system resolution may occur independently of one another.

5. ADHS/DBHS will report QOC issues as applicable to the appropriate regulatory agency for further research and/or action as required by law. The initial report may be made verbally, but must be followed by a written report.

6. ADHS/DBHS may refer the information on a QOC concern case to its Peer Review Committee. The QOC concern case is closed upon referral to the Peer Review Committee. The Peer Review Committee may request a new QOC concern investigation based on the Committee's review of the concern.

7. ADHS/DBHS may refer relevant QOC issues to other ADHS/DBHS offices or other state agencies.

8. ADHS/DBHS will maintain a detailed file of all correspondence on each QOC concern case for review by AHCCCS upon request.

9. ADHS/DBHS collects, analyzes and evaluates QOC concerns and tracks and trends data to determine areas of improvement related to the quality of care or service in the T/RBHA's service delivery system or provider network.

10. The T/RBHA will incorporate information from the trends related to the quality of care or service as identified by ADHS/DBHS in determining system interventions for quality improvement.

11. The T/RBHA will incorporate successful interventions from its corrective actions into its service delivery system.

APPROVED BY:

6/4/2012

Laura K. Nelson, M.D. Date
Deputy Director
Division of Behavioral Health Services
Arizona Department of Health Services

6/5/12

Steven Dingle, M.D Date
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

[Tribal/Regional Behavioral Health Authority Letterhead]

Quality of Care Concern Acknowledgement Letter – T/RBHA to ADHS/DBHS

Confidential Communication

[Month, Day, Year – Write Out]

[ADHS/DBHS Contact]
Division of Behavioral Health Services
Arizona Department of Health Services
150 N. 18th Avenue, Suite 220
Phoenix, Arizona 85007-3239

Re: [Recipient] CIS ID # [Insert] DOB [M/D/YYYY]

Dear [Mr. or Ms. Last Name of ADHS/DBHS Contact]:

[Tribal/Regional Behavioral Health Authority (T/RBHA)] acknowledges receipt of your letter of [Month, Day, Year – Write Out] delegating a quality of care concern on the above referenced recipient.

[T/RBHA] will research the concern from a recipient and system perspective. The process to be followed in resolving the quality of care concern includes the following activities: research the allegations; report the findings related to the allegations; indicate the documents reviewed and interviews conducted to support the findings; identify and address any other concerns discovered through the investigative process; and, if warranted, submit corrective actions and an evaluation of the actions' effectiveness in recipient resolution and system resolution of the issues. [T/RBHA] will submit its completed response to your office by COB [Month, Day, Year – Write Out].

Should you have any questions regarding this case, please contact [Insert] at [Telephone Number] or [E-mail Address].

Sincerely,

[Name]
[Office]

C: [Name, Organization]

Quality Management CONFIDENTIAL

These materials are for Quality Management purposes only and are strictly confidential under 42 USC 1320c-9, 42 U.S.C. 11101 et seq., A.R.S. §36-2401, A.R.S. §36-2402, A.R.S. §36-2403, A.R.S. §36-2404, A.R.S. §36-2917, AHCCCS/ADHS/DBHS Contract, ADHS/DBHS/RBHA Contracts, and AHCCCS Medical Policy Manual (AM/PM) 910(C) (4).

[Tribal/Regional Behavioral Health Authority Letterhead]

Quality of Care Concern Response Letter – T/RBHA to ADHS/DBHS

Confidential Communication

[Month, Day, Year – Write Out]

[ADHS/DBHS Contact]
Division of Behavioral Health Services
Arizona Department of Health Services
150 N. 18th Avenue, Suite 220
Phoenix, Arizona 85007-3239

Re: [Recipient] CIS ID # [Insert] DOB [M/D/YYYY]

Dear [Mr. or Ms. Last Name of ADHS/DBHS Contact]:

[Tribal/Regional Behavioral Health Authority (T/RBHA)] submits its response to your letter of [Month, Day, Year – Write Out] delegating research and resolution of the Level [Insert] quality of care concern on the above referenced recipient].

The recipient is a [Insert] year old [Insert Gender] enrolled in [Insert Behavioral Health Category] with Axis I diagnosis (es) of [Insert Diagnosis (es)]; Axis II diagnosis (es) of [Insert Diagnosis (es)]; and Axis III diagnosis (es) of [Insert Diagnosis (es)]. The recipient receives services through [Insert Contracted Provider].

Response to QOC Origination Letter of [Month, Day, Year – Write Out]

Should you have any questions regarding this case, please contact [Insert] at [Telephone Number] or [E-mail Address].

Sincerely,

[Name]
[Office]

[Enclosure – If Applicable]

C : [Name, Organization]

Quality Management CONFIDENTIAL

These materials are for Quality Management purposes only and are strictly confidential under 42 USC 1320c-9, 42 U.S.C. 11101 et seq., A.R.S. §36-2401, A.R.S. §36-2402, A.R.S. §36-2403, A.R.S. §36-2404, A.R.S. §36-2917, AHCCCS/ADHS/DBHS Contract, ADHS/DBHS/RBHA Contracts, and AHCCCS Medical Policy Manual (AM/PM) 910(C) (4).

POLICY QM 2.8 TECHNOLOGY

A. PURPOSE: To establish the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policy and process related to the review and approval of new technologies and/or psychotherapeutics, including the usage of new applications for established technologies and/or psychotherapeutics. New medications may be considered a new technology for purposes of this policy.

B. SCOPE: This policy applies to ADHS/DBHS Tribal/Regional Behavioral Health Authorities (T/RBHAs) and their subcontractors.

C. POLICY: ADHS/DBHS will ensure review and adoption of new technologies and/or adoption of new uses to existing technologies utilize evidence based research and guidelines. Adoption of evidence based research and guidelines include a meta-analysis of related peer reviewed literature.

D. REFERENCES:
A.R.S. §9-22-201
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
AHCCCS Medical Policy Manual, Chapter 1000, Policy 1020
ADHS/DBHS Annual Medical Management/Utilization Management Plan

E. DEFINITIONS:

Approval

Evidence Based Practice

Experimental or investigational therapies

Peer Reviewed Literature

Technology

F. PROCEDURES

1. Providers may initiate a request for T/RBHA coverage of new approved technologies and/or psychotherapeutics, including the usage of new applications for established technologies and/or psychotherapeutics by submitting the proposal in writing to the T/RBHA Medical Director for review. The proposal must include (at a minimum):
    a) Medical necessity criteria;
    b) Documentation supporting medical necessity;
    c) A cost analysis for the new technology; and
    d) Peer reviewed literature indicating the efficacy of the new technology or the modification in usage of the existing technology.

2. T/RBHAs shall participate in the review of new approved technologies and/or psychotherapeutics, including the usage of new applications for established technologies

and/or psychotherapeutics through the T/RBHA Pharmacy and Therapeutics Committee and the Medical Management Committee.

3. T/RBHAs shall review requests and inform the requestor and member of the decision to provide the technology in a timely manner. When the request is accompanied with a service authorization request, the decision for coverage must be completed in a timely manner, within 3 business days for an expedited request, 14 days for a standard request, with an extension of up to 14 additional days if the extension is in the best interest of the recipient.

4. Discussion reflecting consideration of a new approved technology and/or psychotherapeutic, including the usage of a new application for established technology and/or psychotherapeutic and the T/RBHAs determination of coverage shall be documented in the Pharmacy and Therapeutics Committee meeting minutes and the Medical Management Committee meeting minutes.

5. The T/RBHA will notify ADHS/DBHS of its decision to cover a new approved technology and/or psychotherapeutic, including the usage of new applications for established technology and/or psychotherapeutic within 30 days of reaching that determination.

6. Consideration for systemic implementation of the coverage of the technology will be prioritized for consideration by ADHS/DBHS based on trends and the meta-analysis of peer reviewed literature.

APPROVED BY:

9/7/2011

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Chief Medical Director
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9/12/11

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POLICY QM 2.9 CONCURRENT REVIEW FOR HOSPITALIZATIONS

A. PURPOSE: The goal of concurrent review is to ensure that services provided are medically necessary, and that effective care is being provided. Concurrent Review is a critical component of the utilization/medical management program in which health care is reviewed as it is being provided.

B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and Tribal and Regional Behavioral Health Authorities (T/RBHAs).

C. POLICY: Reviews must be conducted by qualified staff: nurses, physicians, behavioral health professionals, nurse practitioners, and/ or physician assistants (see R9-20-204). T/RBHAs must monitor the appropriateness of care that is being provided, the progress a recipient makes, and the progress being made toward the recipient's discharge planning.

D. REFERENCES:

The following citations can serve as additional resources for this content area:

42 CFR 438.10 (a)

42 CFR 438.114

42 CFR 441

42 CFR 441.152

42 CFR 456

42 CFR 456.160

42 CFR 456.360

9 A.A.C. 20

9 A.A.C. 21

9 A.A.C. 34

R9-20-204

R9-22-210

R9-22-1204

R9-22-1205

POLICY QM 2.9 CONCURRENT REVIEW FOR HOSPITALIZATIONS

R9-31-210

R9-31-1205

R9-34-206

AHCCCS/ADHS Contract

ADHS/RBHA Contract

ADHS/TRBHA IGAs

AHCCCS Medical Policy Manual (AMPM), Chapter 1000

Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

Section 5.3, Grievance and Request for Investigation for Persons Determined to have a Serious Mental Illness (SMI)

Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

ADHS/DBHS Policy Clarification Memorandum: Prior Authorization

E. DEFINITIONS

Certification of Need (CON) (42 CFR 441.152, 456.30, 456.160)

Recertification of Need (RON) (42 CFR 441.152, 456.30, 456.160)

F. PROCEDURES:

1. The T/RBHAs must have a system in place to conduct utilization reviews for recipients' hospital admissions and ongoing hospital stays. The system must be inclusive of the following T/RBHA Medical Director monitored requirements in accordance with the AHCCCS/ADHS Contract and the AHCCCS Medical Policy Manual (AMPM), Chapter 1000:

    a. The utilization of standardized criteria for hospital admissions and concurrent reviews;

    b. Policies and procedures that address the medical necessity of ongoing hospital stays;

    c. Policies and procedures that incorporate approval and denial of services; and

    d. Policies and procedures that address review of medically necessary hospitalizations

(planned hospitalizations that are prior authorized and non-planned hospitalizations).

2. The T/RBHAs must develop and implement a process for concurrent review that is inclusive of (at a minimum):

   a. Medical necessity criteria;

   b. Length of stay criteria;

   c. Discharge criteria that is inclusive of the recipient's needs at the time of discharge;

   d. Evaluation of the quality of services provided;

   e. Whether the services provided met the recipient's needs;

   f. Facility and recipient based utilization pattern and analysis; and

   g. Concurrent review staff's role in managing a recipient who has another primary payer. At a minimum the staff must participate in the discharge planning process.

3. Staff Requirements:

   a. T/RBHAs must have qualified staff (behavioral health professionals, RN/BSN, nurse practitioners, physician assistants, and/or physicians); see R9-20-204 to conduct concurrent reviews. Staff must be adequate in number to ensure timely reviews. All documents must be maintained in a secure location as to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

   b. T/RBHAs must ensure that all staff members involved in the concurrent review process consistently apply standardized review criteria. Should it be determined that staff is not following the established criteria and timelines, the T/RBHA must have a system in place to provide additional education/training and monitoring of the staff to remedy the discrepancy in a manner which ensures the integrity of the criteria is maintained (see AMPM, Chapter 1000).

   c. All staff involved in this function, including the T/RBHA medical director, must complete inter-rater reliability testing within three (3) months of hire and at least annually, thereafter.

4. Policies and Procedures:

   a. T/RBHAs must use a standard review form for the concurrent review.

   b. All concurrent reviews must be conducted by qualified and professional staff (behavioral health professionals, RN/BSN, nurse practitioners, physician assistants, and/or physicians).

   c. T/RBHAs must specify the type of clinical information that must be obtained and reviewed when making decisions specific to length of stay, or whether to continue to authorize or deny the hospital stay. Documents requested must contain relevant clinical information and should include, but are not limited to:

      1) Diagnoses
      2) Symptoms
      3) Evaluations/ Test Results
      4) Discharge Plans
      5) Progress Notes
      6) Services Required

   d. The T/RBHA must ensure that a Medical Director or qualified designee is available to discuss cases in which a recipient is determined to no longer meet medical necessity for a continued stay.

   e. In the event that an ordering physician challenges the length of stay requested, level of care, or the medical necessity of a service, the T/RBHA must have a physician available to review the requesting physician's challenge.

   f. Denials for continued services must be signed by the T/RBHA Medical Director or qualified designee.

   g. T/RBHA concurrent review staff must coordinate any change in authorization status with the facility's utilization management department and business office.

h. With the exception of Electroconvulsive Therapy (ECT) the following timeframes must be adhered to:

1) Planned admissions must be reviewed for continued stay within seventy-two (72) hours of the recipient's admission.
2) Continued stays for planned admissions must not be authorized for more than seventy-two (72) hours per review.
3) T/RBHAs must ensure that a standardized review tool is used, that a review date is clearly documented on the concurrent review form, and that the form is maintained in the recipient's medical record.

i. All T/RBHA providers' concurrent reviews are subject to retrospective reviews by the T/RBHAs or by ADHS/DBHS.

5. Unplanned Admissions:

a. Authorizations for hospital stays must have a specific date by which the need for continued stay will be reviewed.

b. Review of unplanned/non-prior authorized admissions must occur within one (1) business day after the T/RBHA has been notified of a recipient's admission.

c. If it is determined that the admission is medically necessary:

1) Continued stays for the un-planned admissions shall not be authorized for more than seventy-two (72) hours per review.
2) T/RBHAs must ensure that a standardized review tool is used, that a review date is clearly documented on the concurrent review form, and that the form is maintained in the recipient's medical record.

d. If it is determined that the admission is <u>not</u> medically necessary:

1) The T/RBHA must ensure that the date and the determination are clearly documented on the Concurrent Review Form;
2) The T/RBHA must ensure that a Notice of Action is issued to the recipient or guardian within the following timeframes:

a) One business day after the initial concurrent review, or;
b) Within two days (48 hours) advance notice following subsequent concurrent reviews.

3) No Notice of Action is required if the recipient has been issued a discharge unless the recipient/guardian refuses to leave or no timely or appropriate arrangements are made to transition the recipient out of the hospital.

G. APPROVED BY:

9/21/2011

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9/26/11

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Acting Chief Medical Officer
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Arizona State Hospital

Effective Date of Policy: 11/01/2011
Last Review Date: 09/19/2011
Last Revision Effective Date: 11/01/2011

POLICY QM 3.0 RETROSPECTIVE REVIEW

A. PURPOSE: The goal of the retrospective review is to ensure that services provided were medically necessary, and that effective care was provided. Retrospective Review is a critical component of the utilization/medical management program in which health care is reviewed after being provided.

B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and Tribal and Regional Behavioral Health Authorities (T/RBHAs).

C. POLICY: Reviews must be conducted by qualified staff: nurses, physicians, behavioral health professionals, nurse practitioners, and/ or physician assistants (see R9-20-204). T/RBHAs must monitor the appropriateness of care that was provided, the progress a recipient made, and the progress that was made toward the recipient's discharge planning. At a minimum, the T/RBHAs must conduct retrospective reviews for hospitalizations.

D. REFERENCES:

The following citations can serve as additional resources for this content area:

42 CFR 438.10 (a)

42 CFR 438.114

42 CFR 441

42 CFR 441.152

42 CFR 456

42 CFR 456.160

42 CFR 456.360

9 A.A.C. 20

9 A.A.C. 21

9 A.A.C. 34

R9-20-204

R9-22-210

R9-22-1204

R9-22-1205

R9-31-210

R9-31-1205

R9-34-206

AHCCCS/ADHS Contract

ADHS/RBHA Contract

ADHS/TRBHA IGAs

AHCCCS Medical Policy Manual (AMPM), Chapter 1000

Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons

Section 5.3, Grievance and Request for Investigation for Persons Determined to have a Serious Mental Illness (SMI)

Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

ADHS/DBHS Policy Clarification Memorandum: Prior Authorization

E. DEFINITIONS

Certification of Need (CON) (42 CFR 441.152, 456.30, 456.160)

Recertification of Need (RON) (42 CFR 441.152, 456.30, 456.160)

F. PROCEDURES:

1. The T/RBHAs must have a system in place to conduct retrospective reviews that is inclusive of the following requirements:

   a. Policies and procedures that address review of medical necessity criteria of the service;

   b. Policies that address the approval and/or denial of claims;

   c. Use of standardized retrospective review criteria; and

d. Criteria for decisions on medical necessity must be clearly documented and based on medical evidence or consensus of health care professionals.

2. Staff Requirements:

a. T/RBHAs must have qualified staff (behavioral health professionals, RN/BSN, nurse practitioners, physician assistants, pharmacists or pharmacy technicians with appropriate training, and/or physicians) to conduct retrospective reviews.

b. T/RBHAs must ensure that all staff members involved in the retrospective review process consistently apply standardized review criteria. Should it be determined that staff is not following the established criteria and timelines, the T/RBHA must have a system in place to provide additional education/training and monitoring of staff to remedy the discrepancy in a manner which ensures the integrity of the criteria is maintained (see AHCCS Medical Policy Manual, Chapter 1000).

c. All staff involved in this function must complete inter-rater reliability testing within three (3) months of hire and at least annually, thereafter (see AMPM, Chapter 1000).

d. The T/RBHA must ensure that all documents are maintained in a secure location, as to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

3. Required Elements for Retrospective Review:

a. T/RBHAs must implement and ensure the use of standardized retrospective review criteria;

b. Reviews must be conducted by qualified staff (behavioral health professionals, RN/BSN, nurse practitioners, physician assistants, pharmacists or pharmacy technician with appropriate training, and/or physicians); (see R9-20-204).

c. The Retrospective Review Form must include the following:

1) Date the service was provided;
2) Date the T/RBHA was notified;
3) Date the Retrospective Review occurred;
4) Date of the Retrospective Review Decision; and
5) Decision to approve or deny payment.

4. Timeframes

   a. Retrospective Reviews shall occur within twenty-eight (28) days from the receipt of notification; and

   b. All T/RBHA retrospective review decisions are subject to review by ADHS/DBHS.

G. APPROVED BY:

9/21/2011

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9/26/11

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Arizona Department of Health Services
Arizona State Hospital

Arizona Department of Health Services
Division of Behavioral Health Services
POLICY AND PROCEDURE MANUAL

Section 3.0 Grievance/Appeals (GA)

POLICY GA 3.1 CONDUCT OF INVESTIGATIONS CONCERNING PERSONS WITH SERIOUS MENTAL ILLNESS

A. PURPOSE: To establish procedures related to investigations conducted by the Regional Behavioral Health Authorities (RBHAs), the Arizona State Hospital (AzSH) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS).

B. SCOPE: ADHS/DBHS the AzSH, RBHAs and their subcontracted providers, Tribal RBHAs (T/RBHAs) and their subcontracted providers.

C. POLICY: ADHS/DBHS conducts investigations into allegations of physical abuse, sexual abuse, violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations may also be conducted in the event of a client death that occurs in a mental health agency or as a result of an action of a person employed by a mental health agency. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled as a person with a Serious Mental Illness (SMI).

This policy does not apply to grievances or requests for investigation asserted by, or on behalf of, persons with a Serious Mental Illness to the extent the allegation asserts a violation relating to the right to receive services, supports and/or treatment that are state-funded, and those services, supports and/or treatment are no longer funded by the State due to limitations on legislative appropriation.

D. REFERENCES:

A.R.S. §1-254
A.R.S. §36-502.D
A.R.S. § 41-1092 et seq.
A.R.S. Title 32; Chapter 33
A.A.C. R9-21-101(B)
A.A.C. R9-21-103
9 A.A.C. 21, Articles 3 and 4
Section 5.3, Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness
ADHS/DBHS Policy GA 3.3 Title XIX/XXI Notice and Appeal Requirements
ADHS/DBHS Policy GA 3.5, SMI and Non-SMI/Non-Title XIX/XXI Notice and Appeal Requirements
ADHS/DBHS Policy GA 3.7, Review of Deaths of All Behavioral Health Recipients
ADHS/DBHS Policy CO 1.4, Confidentiality
ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths

E. DEFINITIONS:

Abuse

Administrative Appeal

Appeal

Condition Requiring Investigation

Dangerous

Grievance or Request of Investigation

Inhumane

Illegal

Mental Health Agency

Preponderance of Evidence

Special Assistance

F. GENERAL REQUIREMENTS:

1. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements set forth in ADHS/DBHS Policy GA 3.5, SMI and Non-SMI/Non-Title XIX/XXI Notice and Appeal Requirements.

2. ADHS/DBHS, the T/RBHAs, and the AzSH, shall respond to grievances and requests for investigations in accordance with this policy and the requirements and timelines contained in 9 A.A.C. 21, Article 4.

3. Computation of Time – In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.

4. The ADHS/DBHS, the RBHA, or the AzSH shall use the unique ADHS/DBHS Docket Number auto-generated by the OGA database for each appeal filed. The file and all correspondence generated shall reference the ADHS/DBHS Docket Number.

G. Agency Responsible for Resolving Grievances and Requests for Investigation properly submitted under this policy

1. Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in an agency operated by the RBHA or one of its subcontracted providers, or the AzSH, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by the RBHA, or the AzSH. Such grievances or requests for investigation that occurred in an agency operated by a TRBHA or its subcontracted providers shall be filed with and investigated by the ADHS/DBHS.

2. Grievances or requests for investigation involving physical or sexual abuse or death that occurred in the AzSH, an agency which is operated by a T/RBHA or one of its subcontracted providers or as a result of an action of a person employed by a T/RBHA or one of its subcontracted providers shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.

3. Grievances involving a rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists and which occurred in an agency that is not the AzSH, a RBHA, TRBHA or their subcontracted providers shall be addressed to the appropriate regulatory division or agency.

4. The ADHS/DBHS' Deputy Director, or designee, the RBHA Director, TRBHA Director, or the Chief Executive Officer of the AzSH, before whom a grievance or request for investigation is pending, shall immediately take whatever action may be reasonable to protect the health, safety and security of any client, complainant or witness.

H. Grievance/Request for Investigation Process

1. Timeliness and Method For Filing Grievances

a. Grievances or a request for investigation must be submitted to ADHS/DBHS, the AzSH, or the RBHA, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the ADHS/DBHS' Deputy Director, or designee, the RBHA Director or CEO of the AzSH, before whom the grievance or request for investigation is pending.

b. Within five days of receipt of a grievance or request for investigation, the ADHS/DBHS, the AzSH, or the RBHA, must inform the person filing the grievance or request for investigation, in writing, that the grievance or request has been received.

c. Any employee or contracted staff of ADHS/DBHS, the AzSH, a T/RBHA or its subcontracted provider, shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.

d. All oral grievances and requests for investigation must be accurately reduced to writing by the ADHS/DBHS, the AzSH, the T/RBHA or its subcontracted provider, that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (See PM Form 5.3.1).

2. Preliminary Disposition

a. Summary Disposition – ADHS/DBHS, the AzSH, or the RBHA Director or designee, may summarily dispose of a grievance or request for investigation, which shall not include any notice or right for further review or hearing, when:

(1) The alleged violation occurred more than one year prior to the date of request; or

(2) The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.

b. Disposition without investigation

(1) Within seven days of receiving a grievance or request for investigation, the ADHS/DBHS, the AzSH, or the RBHA Director or designee, may resolve the matter without conducting a full investigation when:

(a) The matter involves no material dispute as to the facts alleged in the grievance or request for investigation;

(b) The allegation is frivolous, meaning that it:

(i) Involves conduct that is not within the scope of Title 9, Chapter 21;

(ii) Is impossible on its face; or

(iii) Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated; or

(c) Is resolved fairly and efficiently within seven days without a formal investigation.

(2) Within seven days of the grievance or request for investigation, the ADHS/DBHS, the AzSH, or the RBHA Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and

information to request assistance from the ADHS/DBHS Office of Human Rights and the State Protection and Advocacy System. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.

3. Conducting Investigations of Grievances – ADHS/DBHS, the AzSH, and the RBHAs shall conduct the investigation pursuant to A.A.C. R9-21-406.

   a. If an extension of any time frame related to the grievance process in A.A.C. R9-21, Article 4 is needed; it must be requested and approved in compliance with A.A.C. R9-21-410(B). Specifically:

      (1) The RBHA investigator or any other RBHA official responsible for responding to grievances must address their extension request to the RBHA Director or designee.

      (2) The ADHS/DBHS investigator or any other ADHS/DBHS official responsible for responding to grievances must address their extension request to the ADHS/DBHS Deputy Director or designee; and

      (3) A RBHA request for an extension to complete an investigation for grievances remanded pursuant to A.A.C. R9-21-407(B)(2) or any other time period established by ADHS/DBHS decisions relating to a grievance shall be addressed to the ADHS/DBHS Deputy Director or designee.

   b. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:

      (1) Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.

      (2) If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate; or if no advocate is assigned, the person shall contact ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.

      (3) Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.

      (4) Prepare a written report that contains at a minimum:

         (a) A summary for each individual interviewed of information provided by the individual during the interview conducted;

(b) A summary of relevant information found in documents reviewed;

(c) A summary of any other activities conducted as a part of the investigation;

(d) A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation;

(e) A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and

(f) Recommended actions or a recommendation for required corrective action, if indicated.

c. Within five days of receipt of the investigator's report, ADHS/DBHS's Deputy Director, or designee, the RBHA Director, or the Chief Executive Officer of AzSH shall review the investigation case record, and the report, and issue a written, dated decision which shall either:

(1) Accept the report and state a summary of findings and conclusions and any action or corrective action required of AzSH, the RBHA or TRBHA Director, and send copies of the decision, subject to confidentiality requirements provided for in ADHS/DBHS Policy CO 1.4, Confidentiality to the investigator, AzSH, the RBHA or the TRBHA Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance, and the Human Rights Committee for that particular region. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or by hand- delivery.

(2) Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to ADHS/DBHS's Deputy Director, or designee, the RBHA Director, or the Chief Executive Officer of the AzSH within 10 days.

d. ADHS/DBHS's Deputy Director, or designee, the RBHA Director, or the Chief Executive Officer of the AzSH may identify actions to be taken, as indicated in (c)(1) above, which may include:

(1) Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring

investigation identified during the course of investigation of a grievance or request for investigation;

(2) Developing or modifying a mental health agency's practices or protocols;

(3) Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or

(4) Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.

e. A grievant or the client who is the subject of the grievance, who disagrees with the final decision of the RBHA or AzSH, may file a request for an administrative appeal within 30 days from the date of their receipt of the RBHA or AzSH decision. The request for administrative appeal must specify the basis for the disagreement. Failure to specify the basis for the disagreement may result in a summary determination in favor of the RBHA or AzSH decision.

f. In the event an administrative appeal is filed, the RBHA, or AzSH, shall forward the full investigation case record, which includes all elements in A.A.C. R9-21-409(D)(1), to ADHS/DBHS's Deputy Director, or designee through the ADHS/DBHS Office of Grievance and Appeals. The failure of the RBHA or AzSH to forward a full investigation case record that supports the RBHA or AzSH decision may result in a summary determination in favor of the person filing the administrative appeal. The RBHA or AzSH shall prepare and send with the investigation case record, a memo in which the RBHA states:

(1) Any objections AzSH or the RBHA has to the timeliness of the administrative appeal,

(2) AzSH's, or the RBHA's response to any information provided in the administrative appeal that was not addressed in the investigation report, and

(3) The AzSH's or the RBHA's understanding of the basis for the administrative appeal.

g. Within 15 days of the filing of the administrative appeal, ADHS/DBHS's Deputy Director, or designee, will review the appeal and the investigation case record and may discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:

(1) Accept the investigator's report with respect to the facts as found, and affirm, modify or reject the decision of the agency director with a statement of reasons. The decision, along with a notice of the right to request an administrative hearing within 30 days from the date of receipt of the decision, shall be sent to the appealing party, with copies of the decision provided to the AzSH or RBHA Director, as indicated; the Office of Human Rights and the applicable human rights committee; or

(2) Reject the investigator's report for insufficiency of facts and remand the matter with instructions to the RBHA or AzSH for further investigation and decision. In such a case, the RBHA or AzSH shall conduct further investigation and complete a revised report and decision to ADHS/DBHS's Deputy Director or designee within ten days. Upon receipt of the report and decision, ADHS/DBHS shall render a decision as described in section H.3.f above; or;

(3) Reject the RBHA's decision to dispose the grievance without investigation and remand the matter with instructions to the RBHA or AzSH to conduct an investigation, issue a decision, and include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision, consistent with the requirements in A.A.C. R9-21-406, et. seq.

h. Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of ADHS/DBHS's Deputy Director, or designee may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.

i. Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in A.R.S. §41-1092 et seq.

j. After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the RBHA, TRBHA or AzSH Director, or the Deputy Director, or designee of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.

4. Conducting Investigations of Conditions Requiring Investigation – The investigation shall be conducted in the same manner described above in section G.3. of this policy.

5. Unless an investigation request is made pursuant to A.A.C. R9-21-403(A) or R9-21-403(B), investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA 3.7, Review of Deaths of All Behavioral Health Recipients.

6. Grievance Investigation Records and Tracking System – ADHS/DBHS, AzSH, and the RBHA will maintain records in the following manner:

a. All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.

b. ADHS/DBHS, AzSH, and the RBHA will maintain a grievance investigation case record for each case. The record shall include:

(1) The docket number assigned according to section F.4 of this policy;

(2) The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form;

(3) Copies of all information generated or obtained during the investigation;

(4) The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations;

(5) A copy of the acknowledgment letter, final decision letter and any information/documentation generated by an appeal of the grievance decision.

c. ADHS/DBHS, AzSH, and the RBHA will maintain all grievance and investigation files in a secure designated area and retain for at least five years.

d. The Public Log – ADHS/DBHS, Office of Grievance and Appeals (OGA), the RBHAs and AzSH will maintain a public log of all grievances or requests for investigation in ADHS/DBHS's OGA Database which shall be considered the public record. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:

(1) A docket number;

(2) A description of the grievance or request for investigation issue;

(3) The date of the filing of grievance;

(4) The date of the initial decision or appointment of the investigator;

(5) The date of the filing of the investigator's final report;

(6) The dates of all subsequent decisions, appeals or other relevant events;

(7) A description of the final decision and any actions taken by the ADHS/DBHS Deputy Director, or designee, the RBHA Director, or the Chief Executive Officer of AzSH.

7. Other Matters Related to the Grievance Process:

a. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, AzSH, the RBHA or TRBHA shall maintain confidentiality and privacy of grievance matters and records at all times.

b. Notice shall be given to a public official, law enforcement officer, or other person,

as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.

c. AzSH, the RBHA or TRBHA shall notify the Deputy Director, or designee of ADHS/DBHS when:

(1) A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee;

(2) An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;

(3) An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.

I. APPROVED BY:

5/17/10

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY GA 3.2 CONTRACTOR AND PROVIDER CLAIMS DISPUTES

A. PURPOSE: To establish a process to resolve contractor or claim disputes that is consistent with the requirements described by law.

B. SCOPE: ADHS/DBHS, T/RBHAs, T/RBHA contracted providers and to non-contracted providers of covered services to eligible persons.

C. POLICY: This policy is applicable as follows:

A provider or T/RBHA may utilize the process described herein to resolve a claim dispute. For purposes of this policy, a T/RBHA dispute regarding the non-payment or partial payment of any performance incentive under ADHS/DBHS' contract with the T/RBHA shall be considered a claims dispute, and shall be subject to the procedures described herein for resolution.

This policy does not apply to:

Contract claims asserted by a T/RBHA against ADHS pursuant to Arizona Administrative Code Title 2, Chapter 7; or

Disputes between a T/RBHA and a prospective service provider made in connection to the T/RBHA's contracting process.

D. REFERENCES:
A.R.S. § 12-901 et seq.
A.R.S. § 36-2903.01.B.4
A.R.S. § 36-3413
A.R.S. Title 41, Chapter 6, Article 1 and 10
2 A.A.C. 19 ,Article 1
9 A.A.C. 34, Article 4
Balanced Budget Act of 1997
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
AHCCCS Contractor Operations Manual, Section 206
Section 5.6, Provider Claims Disputes
Section 7.1, Fraud and Program Abuse Reporting

E. DEFINITIONS:

Claim Dispute

Clean Claim

Day

Filed

F. GENERAL REQUIREMENTS:

1. COMPUTATION OF TIME:
   Computation of time for calendar day begins the day after the act, event or decision and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday.

2. Claim Disputes relating to decisions made by ADHS/DBHS or relating to services provided to persons enrolled with a Tribal RBHA shall be addressed by ADHS/DBHS.

3. Claim Disputes of decisions made by a RBHA or a RBHA provider must be addressed by the RBHA. The RBHA may not delegate this responsibility.

4. ADHS/DBHS or the RBHA must establish a unique ADHS/DBHS Docket Number for each claim dispute filed. The Docket Number is established as follows:
   a. The ADHS/DBHS or T/RBHA letter code (See Attachment A for codes);

   b. The date of receipt of the claim dispute using the MMDDYY format;

   c. The letter code "P" which designates the case as a claim dispute;

   d. A four-digit sequential number, which begins on January 1 of each year as 0001.

5. All documentation received during the claim dispute resolution process must be date stamped upon receipt.

6. All claim dispute case records must be filed in secured locations and retained for five years after the most recent decision has been rendered.

7. Delivery of Claim Dispute resolution requests and Notice of Decisions
   a. All decisions shall be personally delivered or mailed by certified mail to the party at their last known residence or place of business.

   b. The RBHA shall establish and notify their providers of their delivery or mailing address for the receipt of claim disputes filed with the RBHA.

   c. Claim disputes filed with ADHS/DBHS shall be delivered or mailed to the following address:
   Manager, Office of Grievance and Appeals
   ADHS/DBHS
   150 North 18th Avenue, Suite 230

Phoenix, Arizona 85007

8. Claim Dispute Log
   The ADHS/DBHS Office of Grievance and Appeals database shall maintain the log of all claim disputes initiated under this policy. The RBHA, and ADHS/DBHS on behalf of a Tribal RBHA, are responsible for entering all information related to the claim dispute resolution process necessary for the accurate and timely maintenance of the log. The log shall contain:
   a. A unique ADHS/DBHS Docket Number;

   b. A substantive but concise description of the claim dispute including whether the claim dispute is related to the provision of Title XIX or Title XXI covered services;

   c. The date of the underlying claim being disputed;

   d. The date the request for claim dispute resolution was received;

   e. The nature, date, and outcome of all subsequent decisions, appeals, or other relevant events; and

   f. A substantive but concise description of the final decision, the action taken to implement the decision and the date the action was taken.

G. PROCEDURES:
1. Notification of the Right to File a Claim Dispute
   ADHS/DBHS and the RBHA must provide an affected provider a remittance advice that includes provider's right to file a claim dispute and how to do so, upon the payment, denial or recoupment of payment of a claim, ADHS/DBHS and the RBHA must notify an affected provider or T/RBHA of the right to file a claim dispute and how to do so when a decision is made to impose a sanction.

2. Initiating a Claim Dispute
   a. A claim dispute is initiated by filing a written claim dispute with ADHS/DBHS or the RBHA, as indicated in (F)(2) and (F)(3) of this policy.

   b. A notice of claim dispute must specify the factual and legal basis for the claim dispute and the relief requested. Claim disputes may be denied if the filing party has failed to provide a comprehensive factual or legal basis for the dispute.

3. Time for Initiating a Claim Dispute
   a. A claim dispute relating to the imposition of a sanction must be initiated within 60 days from the date of the notice advising that a sanction will be imposed.

   b. A claim dispute relating to the payment, denial or recoupment of payment of a claim must be initiated within 12 months of the date of delivery of the service; 12

months after the date of eligibility posting; or within 60 days after the payment or denial of a timely claim submission, or the recoupment of a payment, whichever is later.

4. Claim Disputes of ADHS/DBHS or Tribal RBHA Decisions
   a. Within 5 days of receipt of a claim dispute, ADHS/DBHS shall send written acknowledgment that the claim dispute has been received, will be reviewed and that a decision will be issued within 30 days of receipt of the claim dispute.

   b. If ADHS/DBHS determines that the claim dispute arises out of a decision made by a RBHA or RBHA provider, ADHS/DBHS must immediately forward the claim dispute to the appropriate RBHA with an explanation of why the claim dispute is being forwarded.
      (1) A copy of the transmittal shall also be sent by ADHS/DBHS to the party filing the claim dispute.

      (2) The receiving RBHA shall ensure that a decision is rendered within 30 days of ADHS/DBHS' receipt of the notice of claim dispute unless an extension has been granted pursuant to Section G.6. of this policy.

   c. ADHS/DBHS will issue a written, dated decision mailed by certified mail to all parties no later than 30 days after the provider files a claim dispute with ADHS/DBHS, unless the provider, and ADHS/DBHS, have agreed to a longer period pursuant to Section G.6. of this policy. . The Decision must include and describe in detail, the following:
      (1) The nature of the claim dispute;

      (2) The issues involved;

      (3) The reasons supporting ADHS/DBHS´ decision, including references to applicable statute, rule, applicable contractual provisions, policy and procedures;

      (4) The Provider's right to request a hearing by filing a written request for hearing to ADHS/DBHS no later than 30 days after the date the Provider receives ADHS/DBHS decision; and

      (5) If the claim dispute is overturned, the requirement that ADHS/DBHS must reprocess and pay the claim(s), with interest, when applicable, in a manner consistent with the Decision within 15 business days of the date of the decision; and

      (6) A statement that the provider may request an administrative hearing by filing a request with the ADHS/DBHS Office of Grievance and Appeals, 150 North 18th Avenue, Suite 230, Phoenix, Arizona 85007, within 30 days of receipt of the

decision. A statement advising the provider of the right to request an informal settlement conference must also be included.

5. Claim Disputes of RBHA Decisions
   a. Within 5 days of receipt of a claim dispute, the director of the RBHA shall send written acknowledgment that the claim dispute has been received, will be reviewed and that a decision will be issued within 30 days of receipt of the claim dispute.

   b. If the RBHA determines that it was not responsible for the claim dispute, the RBHA must immediately forward the claim dispute to the responsible RBHA or to ADHS/DBHS with an explanation of why the claim dispute is being forwarded.
      (1) A copy of the transmittal shall be sent by the RBHA to the party filing the claim dispute.

      (2) The receiving RBHA or ADHS/DBHS must ensure that a decision is rendered within 30 days of the original RBHA's receipt of the notice of claim dispute, unless an extension has been granted pursuant to Section G. 6 of this policy.

   c. The RBHA shall issue a written, dated decision which must be mailed by certified mail to all parties no later than 30 days after the provider files a claim dispute with the RBHA, unless the provider and the RBHA have agreed to a longer period. pursuant to Section G. 6 of this policy . The Decision must include and describe in detail, the following:

      (1) The nature of the claim dispute;

      (2) The issues involved;

      (3) The RBHA's decision and the reasons supporting the RBHA´s decision, including references to applicable statute, rule, applicable contractual provisions, policy and procedures;

      (4) The Provider's right to request a hearing by filing a written request for hearing to ADHS/DBHS no later than 30 days after the date the Provider receives the RBHA´s decision;

      (5) The provider's right to request an informal settlement conference; and

      (6) If the claim dispute is overturned, the requirement that the RBHA must reprocess and pay the claim(s), with interest, when applicable, in a manner consistent with the Decision within 15 business days of the date of the decision.

6. Extension of time

a. The time to issue a decision under G.4.c. or G.5.c. of this policy may be extended upon agreement between the parties. Documentation of the agreement to the extension of time must be maintained in the claim dispute case record.

7. Requests for Administrative Hearing
   a. In the event that the party filing a claim dispute is dissatisfied with the ADHS/DBHS Deputy Director's or RBHA director's decision, or if a written Notice of Decision is not received within 30 days after the claim dispute is filed, absent an extension of time,, a request for administrative hearing may be filed with the ADHS/DBHS Office of Grievance and Appeals.

      The request must be filed in writing and received by ADHS/DBHS within 30 calendar days of the date of receipt of the ADHS/DBHS or RBHA's decision, or in the event no decision is rendered, within 30 days of the date of filing the claim dispute, absent an extension of time.

   b. A written request for administrative hearing filed with ADHS/DBHS must contain the following information:
      (1) Provider name, address, AHCCCS Provider ID number, and the ADHS/DBHS docket number;

      (2) Member's Name and AHCCCS Identification Number;

      (3) Provider's Name, address, AHCCCS Identification Number, and phone number (if applicable);

      (4) The date of receipt of the claim dispute;

      (5) The issue to be determined at the administrative hearing; and

      (6) A summary of the RBHA actions undertaken to resolve the claim dispute and basis of the determination.

   c. Pursuant to A.R.S. § 41-1092.03, upon receipt of a request for an administrative hearing, the ADHS/DBHS Office of Grievance and Appeals must request that ADHS schedule an administrative hearing pursuant to A.R.S. § 41-1092.05.

   d. ADHS/DBHS Office of Grievance and Appeals shall accept a written request for withdrawal from the filing party if the request is received prior to ADHS/DBHS scheduling and mailing the Notice of Hearing. Otherwise, a filing party who wishes to withdraw must send a written request (motion) for withdrawal to the Office of Administrative Hearings consistent with A.A.C.R2-19-106(A)(3).

   e. If an ADHS/DBHS or RBHA decision regarding a claim dispute is reversed through the claim dispute or hearing process, ADHS/DBHS or the RBHA shall

reprocess and pay the claim(s), with interest, when applicable, in a manner consistent with the decision within 15 business days of the date of the Decision unless a different timeframe is specified.

8. Administrative Process
   a. The Administrative Hearing Process shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.

   b. Rehearing or review of ADHS/DBHS decisions.
   For Title XIX and Title XXI covered services, an appellant aggrieved by the Director's decision may appeal the decision to AHCCCSA by filing a written notice of appeal with ADHS, Office of the Director, Arizona Department of Health Services, 150 North 18th Avenue, Phoenix, Arizona 85007 within 30 calendar days of the decision.

9. Detecting Fraud and Program Abuse
   a. RBHAs are required to track, trend and analyze claim disputes for purposes of detecting fraud and program abuse. Any suspected fraud and program abuse detected must be reported consistent with the requirements in ADHS/DBHS Provider Manual Section 7.1, Fraud and Abuse Reporting.

Approved By:

6/4/2012
Laura K. Nelson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

6/5/12
Steven Dingle, MD Date
Chief Medical Officer
Arizona Department of Health Services
Arizona State Hospital

ATTACHMENT A

RBHA Codes for Docket Numbers

M - Magellan

L – Cenpatico GSA 3

X – CPSA GSA 5

N - NARBHA

J – Cenpatico GSA 2

K – Cenpatico GSA 4

T - Tribal RBHA

B - ADHS/DBHS

POLICY GA 3.3 TITLE XIX/XXI NOTICE AND APPEAL REQUIREMENTS

A. PURPOSE: To ensure that Title XIX/XXI eligible persons seeking or receiving covered services are provided notice and the opportunity to appeal as required by law.

B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), Tribal and Regional Behavioral Health Authorities (T/RBHAs), T/RBHA subcontracted providers, including the Arizona State Hospital and Title XIX/XXI eligible persons. T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.

C. POLICY: Title XIX/XXI eligible persons shall be provided notice and the opportunity to appeal when an action is taken regarding a Title XIX/XXI covered service.

Title XIX/XXI eligible persons who have been adversely affected by a Pre-Admission Screening and Resident Review (PASRR) determination in the context of either a preadmission screening or a resident review shall be provided notice and the opportunity to appeal by ADHS/DBHS.

This policy does not apply to actions or decisions that reduce an eligible person's benefits because of changes in state or federal law requiring an automatic change; or determinations of categorical eligibility/ineligibility for Title XIX/XXI services.

D. REFERENCES:
42 C.F.R. § 431.200 et seq.
42 C.F.R. § 438.400 et seq.
42 C.F.R. § 438.10
A.R.S. § 41-1092.05
9 A.A,C, 21
9 A.A.C 34, Article 2
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
AHCCCS Contractor Operations Manual
ADHS/DBHS Policy and Procedure GA 3.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)
ADHS/DBHS Policy and Procedure GA 3.6, Complaint Resolution
ADHS/DBHS Provider Manual Section 5.1, Notice Requirements and Appeal Processing for Title XIX and Title XXI Eligible Persons

POLICY GA 3.3 TITLE XIX/XXI NOTICE AND APPEAL REQUIREMENTS

E. DEFINITIONS

1. Action
2. Appeal
3. Appeal Resolution
4. Complaint
5. Day
6. Denial
7. Health Care Professional
8. Limited Authorization
9. PASRR
10. Prior Authorization
11. Service Authorization Request

F. PROCEDURES

1. General Requirements for Notices and Appeals

   a. "Day" is defined as any calendar day unless otherwise specified.

   b. Computation of Time

      (1) Computation of time for appeals begins the day after the act, event or decision and includes the final day of the period. For purposes of computing all timeframes, with the exception of the standard service authorization time frames and extensions thereof,, if the final day of the period is a weekend day (Saturday or Sunday) or legal holiday, the period is extended until the end of the next day that is not a weekend day or a legal holiday.

      (2) For a standard service authorization with or without an extension, if the final day of the period is a weekend day or legal holiday the period is shortened to the last working day immediately preceding the weekend day or legal holiday. "(For more information see the AHCCCS Contractor Operation Manual (ACOM) Section 414, IV. Definitions).

(3) Computation of time in calendar days includes all calendar days.

(4) Computation of time in workdays includes all working days, i.e. non-weekend and non-legal holiday days.

b. Language and Format Requirements

(1) Notice and written documents generated through the appeals process shall be available in each prevalent, non-English language spoken within the geographic service area.

(2) ADHS/DBHS, the T/RBHA and T/RBHA subcontracted providers must provide free oral interpretation services to explain information contained in the notice or as part of the appeal process for all non-English languages.

(3) Notice and written documents generated through the appeals process shall be available in alternative formats, such as Braille, large font, or enhanced audio, and take into consideration the special communication needs of the Title XIX/XXI eligible person.

(4) Notice and written documents must be written using an easily understood language and format.

c. Delivery of Notices

All notices identified herein, including those provided during the appeal process, shall be personally delivered or mailed by certified mail to the required party at their last known residence or place of business. In the event that it may be unsafe to contact the person at his or her home address, or the person has indicated that he or she does not want to receive mail at home, the alternate methods identified by the individual for communicating notices shall be used.

d. Prohibition of Punitive Action

(1) ADHS/DBHS, T/RBHAs and their providers are prohibited from taking punitive action against either:

(i) A Title XIX/XXI eligible person in exercising his/her right to appeal; or

(ii) A provider who either requests an expedited resolution or supports a Title XIX/XXI eligible person's appeal.

2. Notice Requirements

a. Responsible Entity for Providing Notice

(1) Following an action requiring notice to a Title XIX/XXI eligible person, the entity responsible for the action must ensure that notice is provided according to the requirements stated within this policy.

(2) ADHS/DBHS will provide notice, pursuant to Policy and Procedure Section MI 5.3 Pre-Admission Screening and Resident Review (PASRR), to Title XIX/XXI eligible persons who are enrolled in a Tribal RBHA when ADHS/DBHS takes an action on behalf of the Tribal RBHA and to Title XIX/XXI eligible persons who have been adversely affected by a PASRR determination in the context of either a preadmission screening or a resident review.

b. Content and Delivery of the Notice of Action

(1) When a Notice of Action is required herein, ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must utilize the Notice of Action form (PM Form 5.1.1). ADHS/DBHS, the T/RBHA or T/RBHA subcontracted provider must comply with the Content of Notices of Action requirements in the AHCCCS ACOM, Chapter 414, and insert the following information, which shall be complete and written in commonly understood language and specific to the person receiving services:

(i) The requested service;

(ii) The reason/purpose of that request in layperson terms;

(iii) The action taken or intended to be taken (denial, limited authorization, reduction, suspension or termination) with respect to the service request;

(iv) The effective date of the action;

(v) The reasons for the action, including member specific facts;

(vi) The legal basis for the action;

(vii) Where members can find copies of the legal basis;

(viii) The right to and process for appealing the decision; and

(ix) Legal resources for members for help with appeals, as prescribed by the Arizona Health Care Cost Containment System (AHCCCS). (Please see AHCCCS ACOM, 414, Attachment "C").

(2) The notice of action shall be delivered to:

(i) The Title XIX/XXI eligible person; and, when applicable;

(ii) The person's legal or authorized representative (e.g., Department of Economic Security/Division of Children Youth and Families/Child Protective Services (DES/DCYF/CPS) Specialist).

(3) Provision of notice shall be evidenced by retaining a copy of the Notice of Action in the comprehensive clinical record of the person receiving or requesting services.

c. Notice of Action Time-frame for Service Authorization Requests

(1) For an authorization decision, not covered under subsection (2) below, for a service requested on behalf of a Title XIX/XXI eligible person, a Notice of Action shall be delivered within 14 days following the receipt of the Title XIX/XXI eligible person's request.

(2) For an authorization request in which the requesting provider indicates or ADHS/DBHS, the T/RBHA or T/RBHA provider determines, that following the time-frame in subsection (1) above could seriously jeopardize the Title XIX/XXI person's life or health or ability to attain, maintain, or regain maximum function, ADHS/DBHS, the T/RBHA or T/RBHA provider shall make an expedited authorization decision and deliver the Notice of Action as expeditiously as the Title XIX/XXI person's health condition requires, but not later than three (3) working days after receipt of the request for service.

(3) If the Title XIX/XXI eligible person requests an extension of the time-frame in subsection (1) or (2) above, ADHS/DBHS, the T/RBHA or T/RBHA provider shall extend the time-frame up to an additional 14 days as requested by the Title XIX/XXI person.

(4) If ADHS/DBHS, the T/RBHA or T/RBHA provider need additional information and the extension is in the best interest of the Title XIX/XXI eligible person, ADHS/DBHS, the T/RBHA or T/RBHA provider shall:

(i) Complete and deliver a Notice of Extension of Timeframe for Service Authorization Decision Regarding TXIX/XXI Services (PM Form 5.1.2), and

(ii) Issue and carry out the determination as expeditiously as the Title XIX/XXI eligible person's condition requires and no later than the date the extension expires.

(5) For service authorization decisions not reached within the maximum time frame in this section, the authorization shall be considered denied on the date that the time-frame expires.

(6) ADHS/DBHS, the T/RBHA or T/RBHA provider shall provide the requesting provider notification of a decision to deny a service authorization. The notification must be in writing.

d. Notice of Action Time-frame for Service Termination, Suspension or Reduction

(1) For termination, suspension or reduction of previously authorized AHCCCS covered service, ADHS/DBHS, the T/RBHA or T/RBHA provider shall deliver a Notice of Action at least 10 days before the date of action, except as provided in subsections (3) or (4) below.

(2) The requesting provider shall be notified of a decision to reduce, suspend or terminate a service authorization. The notification must be in writing.

(3) ADHS/DBHS, the T/RBHA or T/RBHA provider shall provide a Notice of Action no later than the date of action when:

(i) Factual information has been obtained confirming the death of a Title XIX/XXI eligible person;

(ii) The Title XIX/XXI eligible person signs a clear, written statement indicating that the services are no longer wanted, or provides information that requires termination or reduction of services and indicates an understanding that this shall be the result of supplying that information;

(iii) The Title XIX/XXI eligible person is an inmate of a public institution that does not receive federal financial participation and the person becomes ineligible for TXIX/XXI;

(iv) The Title XIX/XXI eligible person's whereabouts are unknown and the post office returns mail, directed to the Title XIX/XXI eligible person, to

ADHS/DBHS, the T/RBHA or T/RBHA provider, indicating no forwarding address;

(v) Factual information has been obtained that the Title XIX/XXI eligible person has been accepted for Medicaid by another state; or

(4) ADHS/DBHS, the T/RBHA or T/RBHA provider may shorten the period of advance notice to five (5) working days before the date of action if there are verified facts indicating probable fraud by the Title XIX/XXI eligible person.

e. Notice of Action for Denial of Claim for Payment

ADHS/DBHS, the T/RBHA or T/RBHA provider designated to authorize services shall send a Notice of Action to the Title XIX/XXI eligible person if they deny a claim for payment to the provider for a service that is not Title XIX/XXI covered.

3. Title XIX/XXI Appeals

a. A Title XIX/XXI eligible person may appeal the following actions with respect to Title XIX/XXI covered services:

(1) The denial or limited authorization of a requested service, including the type or level of service;

(2) The reduction, suspension, or termination of a previously authorized service;

(3) The denial, in whole or in part, of payment for a service that is not TXIX/XXI covered;

(4) The failure to provide TXIX/XXI services in a timely manner;

(5) The failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; and

(6) The denial of a TXIX/XXI enrollee's request to obtain services outside the T/RBHA's provider network.

b. A Title XIX/XXI eligible person adversely affected by PASRR determination in the context of either a preadmission screening or a resident review may file an appeal under this policy.

c. Responsibility for Processing Appeals

(1) Each RBHA is responsible for processing appeals of actions of the RBHA, or of the RBHA's subcontracted providers, pursuant to the requirements of this policy. The processing of appeals shall not be delegated by the RBHA.

(2) Appeals that are related to a Tribal RBHA or one of their subcontracted providers' actions and appeals that relate to PASRR determinations must be filed with and are processed by ADHS/DBHS. Throughout this policy, where the RBHA is identified as responsible for acting under this policy, ADHS/DBHS retains responsibility for the Tribal RBHAs and PASRR appeals.

(3) Throughout this policy, whenever there is a reference to the RBHA, the Arizona State Hospital shall have the same responsibility when the appeal is filed with the Arizona State Hospital and concerns services provided at the Arizona State Hospital.

(4) The RBHA shall provide reasonable assistance to Title XIX/XXI eligible persons in completing forms and taking other procedural steps during the appeal process.

(5) The RBHA shall establish a mailing address for written appeals; and local and toll-free telephone numbers for oral appeals. This oral and written contact information shall be included on all appeal notices and written documents provided to the Title XIX/XXI eligible person.

d. Timeframes for Filing an Appeal

Appeals must be filed orally or in writing with the responsible RBHA within 60 days after the date of the Notice of Action being appealed.

e. Who may file an Appeal

(1) A Title XIX/XXI eligible person; or

(2) The person's legal or authorized representative, including a provider, acting on the Title XIX/XXI eligible person's behalf with the person's or legal representative's written consent.

f. Individuals Responsible for Resolving Appeals

(1) The RBHA shall ensure that individuals who make decisions regarding appeals have not been involved in any previous level of review or decision-

making. For appeals of medical necessity decisions, denials of expedited resolution of appeals, and appeals involving clinical issues, the individual(s) making the decision regarding the appeal must be a health care professional with the appropriate clinical expertise in treating the Title XIX/XXI eligible person's condition.

(2) The RBHA shall include, as a party to the appeal, the Title XIX/XXI eligible person, legal representative, or the legal representative of a deceased Title XIX/XXI eligible person's estate.

g. Case Docketing Requirements

(1) The RBHA shall establish a unique ADHS/DBHS Docket Number for each appeal filed. The Docket Number shall be established as follows:

(i) The RBHA letter code (Attachment A);

(ii) The date of receipt of the appeal using the MMDDYY format;

(iii) The letter code for the program in which the Title XIX/XXI eligible person is enrolled;

(iv) A four-digit sequential number, which is auto assigned by the Office of Grievance and Appeals (OGA) database; and

(v) A letter "A" shall be used to designate a TXIX/XXI Appeals described in this policy.

h. Examination of Appeal Case Record

(1) Upon request, the Title XIX/XXI eligible person and his/her legal or authorized representative shall be given an opportunity to examine the contents of the appeal case file prior to and during the appeal process. In addition, the Title XIX/XXI eligible person shall be given an opportunity to examine all documents and records considered during the appeal process that are not protected from disclosure by law.

(2) The RBHA shall provide the Title XIX/XXI eligible person and his/her legal or authorized representative a reasonable opportunity to present evidence and allegations of fact or law in person and in writing. The RBHA shall allow appellants who elect to present their appeal "in person" to attend telephonically upon request. The RBHA shall inform the Title XIX/XXI eligible person of the limited time available for this in the case of an expedited

resolution.

i. Appeal Case Records

(1) The RBHA will maintain appeal case records in the following manner:

(i) All documentation received for entry into the appeal case record will be date stamped on the day received.

(ii) An appeal case record shall be maintained for each request to file an appeal. The case record shall include:

(a) An ADHS/DBHS docket number;

(b) The relevant Notice of Action;

(c) The original request for appeal. If the appeal was filed orally or the appeal is not on the PM Form 5.3.1, ADHS Appeal or SMI Grievance, the form shall be completed by the RBHA for each appeal filed;

(d) Copies of all documents generated or acquired through the appeal process; and

(e) All records pertaining to an appeal shall be maintained in a secure and locked place until the Title XIX/XXI eligible person's administrative and legal remedies are exhausted or time allowed for an appeal has expired. Thereafter, appeal records shall be maintained in a secure designated area and retained for at least five years.

j. Standard and Burden of Proof

(1) The standard of proof on all issues on appeal shall be the preponderance, or the greater weight, of the evidence.

(2) The burden of proof for all issues on appeal is on the complainant (individual or agency) appealing.

k. Denial of Request for Appeal

(1) In the event the RBHA refuses to accept a late appeal or determines that the decision being appealed does not constitute an action subject to these appeal requirements, the RBHA must inform the appellant in writing by sending a

Notice of Appeal Resolution consistent with the requirements under F.3.o. of this policy.

l. Time-frame for Standard Resolution of an Appeal

(1) The RBHA shall acknowledge the receipt of a standard appeal in writing within 5 working days of receipt.

(2) For the standard resolution of an appeal, the appeal shall be resolved and a written Notice of Appeal Resolution shall be delivered within 30 days after the day the appeal is received.

(3) If the Title XIX/XXI eligible person requests an extension of the 30 day timeframe in subsection (2) above, the timeframes shall be extended up to an additional 14 days.

(4) If the RBHA needs additional information and an extension is in the best interest of the Title XIX/XXI eligible person, the RBHA shall extend the timeframe in subsection (2) above to an additional 14 days. If the RBHA extends the timeframe, the RBHA must provide a written notice to the Title XIX/XXI eligible person of the reason for the delay, and issue and carry out its decision as expeditiously as the person's health condition requires, but no later than the date the extension expires.

(5) If the Notice of Appeal Resolution is not sent within the timeframe in this section, the appeal shall be considered denied on the date that the timeframe expires.

m. Process for an Expedited Resolution of an Appeal

(1) The RBHA shall conduct an expedited appeal if:

(i) The RBHA receives a request for an appeal from a Title XIX/XXI eligible person and determines that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or

(ii) The RBHA receives a request for an expedited appeal from a Title XIX/XXI eligible person supported with documentation from the provider that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function; or

(iii) The RBHA receives a request for an expedited appeal directly from a provider, with the written consent of the Title XIX/XXI eligible person, and the provider indicates that taking the time for a standard resolution could seriously jeopardize the person's life or health, or ability to attain, maintain, or regain maximum function.

(iv) If the RBHA denies a request for expedited resolution of an appeal from an enrollee, the RBHA shall:

(a) Make reasonable efforts to give the Title XIX/XXI eligible person prompt oral notice of the denial and follow up within two calendar days with a written notice; and

(b) Resolve the appeal within the standard timeframes identified in Section l above.

(v) Objections to the denial of a request for expedited resolution of an appeal shall be processed as complaints (See GA 3.6, Complaint Resolution).

n. Timeframe for an Expedited Appeal Resolution

(1) The RBHA shall provide a written acknowledgment of the receipt of an expedited appeal within one working day after the RBHA receives the appeal.

(2) For expedited resolution of an appeal, the RBHA shall resolve the appeal and deliver a written Notice of Appeal Resolution to the enrollee within three working days after the day the RBHA receives the appeal. The RBHA shall make reasonable efforts to provide prompt oral notice.

(3) If the Title XIX/XXI eligible person requests an extension of the three working day timeframe in section (2) above, the RBHA shall extend the timeframe up to an additional 14 days.

(4) If the RBHA needs additional information and an extension is in the best interest of the Title XIX/XXI eligible person, the RBHA shall extend the timeframe in section (2) above to an additional 14 days. If the RBHA extends the timeframe, the RBHA must provide a written notice to the Title XIX/XXI eligible person of the reason for the delay, and issue and carry out its decision as expeditiously as the person's health condition requires, but no later than the date the extension expires.

(5) If the Notice of Appeal Resolution is not sent within the timeframe in this section, the appeal shall be considered denied on the date that the timeframe

expires.

o. Notice of Appeal Resolution

(1) A Notice of Appeal Resolution must contain:

(i) The results of the resolution process and the date it was completed; and

(ii) For those appeals not resolved wholly in favor of the Title XIX/XXI eligible person:

(a) The Title XIX/XXI eligible person's right to request a State Fair Hearing by submitting a written request to the RBHA no later than 30 days from the date of receipt of the RBHA's Notice of Appeal Resolution;

(b) The right to request to receive services while the State Fair Hearing is pending, if applicable, and how to do so;

(c) The factual and legal basis for the decision; and

(d) An explanation that the Title XIX/XXI eligible person may be held liable for the cost of benefits being appealed if the State Fair Hearing decision results in the RBHA decision being upheld.

4. Request for State Fair Hearing

a. A Title XIX/XXI eligible person or his/her authorized representative may request a State Fair Hearing on the RBHA's resolution of an appeal. The request must be in writing, submitted to and received by the RBHA no later than 30 days from the date the Title XIX/XXI eligible person receives the Notice of Appeal Resolution.

b. If the Title XIX/XXI eligible person wants services to be continued pending a State Fair Hearing, the request to continue services shall be in writing and comply with Section F. 6.

c. In the event a request for a State Fair Hearing is filed, the RBHA shall forward a written summary of the following information to AHCCCSA, Office of Administrative Legal Services (OALS):

(1) Title XIX/XXI eligible person's name;

(2) Title XIX/XXI eligible person's AHCCCS ID number;

(3) Title XIX/XXI eligible person's current address;

(4) Title XIX/XXI eligible person's current phone number (if applicable);

(5) Date of receipt of the appeal;

(6) Summary of the actions to resolve the appeal; and

(7) Summary of the appeal resolution.

d. The following material shall be included in the appeal case record, which shall be delivered to the OALS as specified by the OALS:

(1) The Title XIX/XXI eligible person's written request for a State Fair Hearing;

(2) Copies of the entire appeal case record, which includes all supporting documentation, pertinent findings, and medical records;

(3) The Notice of Appeal Resolution; and

(4) Any other information relevant to the resolution of the appeal.

5. AHCCCS Timeframe for Resolution of a State Fair Hearing

a. AHCCCS will send a Notice of State Fair Hearing according to ARS §41-1092.05 if a timely request for a State Fair Hearing is received.

b. For appeals resolved pursuant to the standard resolution timeframes, AHCCCS will send an AHCCCS Director's decision to the Title XIX/XXI person no later than 30 days after the date of the Administrative Law Judge's recommended decision and within 90 days after the date that the appeal was filed with the RBHA, not including the number of days the Title XIX/XXI eligible person took to file for a State Fair Hearing, and days for continuances granted at the Title XIX/XXI eligible person's request.

c. For appeals resolved pursuant to the expedited resolution timeframes, within three working days after the date AHCCCS receives the case file and information from the RBHA concerning an expedited appeal resolution, AHCCCS will send the Title XIX/XXI eligible person the AHCCCS Director's decision which results from the State Fair Hearing and the Administrative Law Judge's Recommended Decision. AHCCCS will make reasonable efforts to provide oral notice of the AHCCCS Director's decision.

6. Continuation of Benefits

   a. The RBHA shall ensure that benefits under appeal continue, unless continuation of services would jeopardize the health or safety of the person or another person, only if:

      (1) The appeal is filed before the later of 10 days after the delivery of the Notice of Action or the effective date of the action, as indicated in the Notice of Action;

      (2) The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment or, the appeal involves a denial if the provider asserts the denial represents a necessary continuation of a previously authorized service;

      (3) The services were ordered by an authorized provider; and

      (4) The Title XIX/XXI eligible person requests a continuation of services.

   b. The RBHA will continue extended benefits pursuant to provision (a) above, until any of the following occurs:

      (1) The Title XIX/XXI eligible person withdraws the appeal;

      (2) The Title XIX/XXI eligible person makes no request for continued benefits within 10 days of the delivery of the Notice of Appeal Resolution; or

      (3) The AHCCCS Administration issues a State Fair Hearing decision adverse to the Title XIX/XXI eligible person.

   c. The RBHA may recover the cost of those services continued pursuant to subsections (a) and (b) above if the RBHA or the AHCCCS Director's decision upholds a decision to deny authorization of services, and if the services were furnished solely because of the requirements of those sections.

   d. The RBHA must maintain evidence in the case record supporting that the RBHA continued the benefits under appeal pending the RBHA or State Fair Hearing decision when required to do so pursuant to this policy.

7. Implementation of Appeal Resolution

   a. If the RBHA or the State Fair Hearing decision reverses a decision to deny, limit or delay services not furnished while the appeal was pending, the RBHA shall authorize or provide the services promptly and as expeditiously as the Title XIX/XXI eligible person's health condition requires.

b. If the RBHA or AHCCCS Director's Decision reverses a decision to deny, limit, or delay authorization of services, and the member received the disputed services while an appeal was pending, the RBHA shall process a claim for payment from the provider in a manner consistent with the RBHA or Director's Decision and applicable statutes, rules, policies, and contract terms. (See ARS § 36-2904)

In the event that a decision to deny, limit or delay authorization of services is reversed, the RBHA is responsible for notifying the provider that a decision was reversed and that the provider must submit a clean claim within 90 days of the date the decision was reversed.

The provider shall have 90 days from the date of the reversed decision to submit a clean claim to the RBHA for payment. For all claims submitted as a result of a reversed decision, the RBHA is prohibited from denying claims as untimely if they are submitted within the 90 day timeframe.

RBHAs are also prohibited from denying claims submitted by Providers as a result of a reversed decision because the member did not request continuation of services during the appeals/hearing process: a member's failure to request continuation of services during the appeals/hearing process is not a valid basis to deny the claim.

c. The RBHA must maintain evidence in the case record of the authorization or payment of services supporting that the RBHA or State Fair Hearing decision has been fully implemented.

G. APPROVED BY:

6/4/2012

Laura K. Nelson, M.D. Date
Deputy Director
Division of Behavioral Health Services
Arizona Department of Health Services

ATTACHMENT A

RBHA Codes for Docket Numbers

M - Magellan

Z – CPSA GSA 3

L – Cenpatico GSA 3 (effective 12-1-10)

X – CPSA GSA 5

N – NARBHA

J – Cenpatico GSA 2

K – Cenpatico GSA 4

T – Tribal RBHA

B – ADHS/DBHS

POLICY GA 3.4 SPECIAL ASSISTANCE FOR PERSONS DETERMINED TO HAVE A SERIOUS MENTAL ILLNESS

A. PURPOSE: To establish uniform guidelines for:
1. Identifying persons determined to have a Serious Mental Illness (SMI) who are in need of Special Assistance;
2. Ensuring that persons in need of Special Assistance have their Special Assistance needs met; and
3. Maintaining and disseminating required reports on persons in need of Special Assistance.

B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs), the Arizona State Hospital (AzSH), the Arizona Department of Health Services/Division of Behavioral Health/Office of Human Rights ADHS/DBHS/OHR, ADHS/DBHS Office of Grievance and Appeals (OGA) and the Regional Human Rights Committees (HRCs). As applicable, T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.

C. POLICY: T/RBHAs, AzSH and subcontracted providers must identify and report to the OHR persons determined to have a SMI who meet the criteria for Special Assistance. If the person's Special Assistance needs appear to be met by an involved family member, friend, designated representative or guardian, the T/RBHA or behavioral health provider must still submit a notification to the OHR. T/RBHAs, AzSH, subcontracted providers and ADHS/DBHS OGA must ensure that the person designated to provide Special Assistance is involved at key stages.

D. REFERENCES:
A.R.S. §§ 14-5303, 14-5304, 14-5305
A.R.S. §§ 36-107, 36-501, 36-504, 36-509, 36-517.01
A.R.S. §§ 41-3803, 41-3804
9 A.A.C. 21
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Section 3.9 Assessment and Service Planning
Section 3.10 SMI Eligibility Determination
Section 4.1, Disclosure of Behavioral Health Information
Section 5.4 Special Assistance for Persons Determined to have a Serious Mental Illness
ADHS/DBHS Policy and Procedures CO 1.4, Confidentiality
ADHS/DBHS Policy and Procedures GA 3.8 Disclosure of Confidential Information to Human Rights Committees

E. DEFINITIONS:

ADHS/DBHS Office of Grievance and Appeals

ADHS/DBHS Office of Human Rights

Title XIX

Day

Human Rights Committees

Qualified Clinician

Serious Mental Illness

Special Assistance

F. GENERAL REQUIREMENTS:

1. Criteria to deem a person to be in need of Special Assistance are as follows:

   a. A person determined to have a Serious Mental Illness (SMI) is in need of Special Assistance if he/she is unable to do any of the following:
      i. Communicate preferences for services;
      ii. Participate effectively in individual service planning (ISP) or inpatient treatment discharge planning (ITDP);
      iii. Participate effectively in the appeal, grievance or investigation processes; And

   b. The person's limitations must be due to any of the following:
      i. Cognitive ability/intellectual capacity (i.e. cognitive impairment, borderline intellectual functioning, or diminished intellectual capacity);
      ii. Language barrier, other than a need for an interpreter/translator, (i.e. an inability to communicate): and/or;
      iii. Medical condition (including, but not limited to traumatic brain injury (TBI), dementia or severe psychiatric symptoms).

   c. A person who is subject to general guardianship has been found to be incapacitated under A.R.S. § 14-5304, and therefore automatically satisfies the criteria for Special Assistance. Similarly, if a T/RBHA or subcontracted provider recommends a person with a SMI for a general guardianship (in accordance with R9-21-206 and A.R.S. § 14-5305), the person automatically satisfies the criteria for Special Assistance.

   d. The existence of any of the following circumstances should prompt the T/RBHA, AzSH, or subcontracted provider to more closely review whether the person determined to have a SMI is in need of Special Assistance:
      i. Developmental disability involving cognitive ability;
      ii. Residence in a 24 hour setting;
      iii. Limited guardianship, or the T/RBHA or subcontracted provider is recommending and/or pursuing the establishment of a limited guardianship; or

iv. Existence of a serious medical condition that affects his/her intellectual and/or cognitive functioning (such as dementia or traumatic brain injury (TBI).

2. The following may deem a person to be in need of Special Assistance:

a. A qualified clinician providing treatment for the person;
b. A case manager of a T/RBHA or subcontracted provider;
c. A clinical team of a T/RBHA or subcontracted provider;
d. A T/RBHA;
e. A program director of a subcontracted provider, including AzSH;
f. The Deputy Director of ADHS/DBHS; or
g. A hearing officer assigned to an appeal involving a person determined to have a SMI.

3. When to Assess for Special Assistance:

T/RBHAs, AzSH and subcontracted providers must, on an ongoing basis, assess whether persons determined to have a SMI are in need of Special Assistance in accordance with the criteria set out in this subsection F. For persons who are also Title XIX-enrolled (on AHCCCS), minimally, this must occur at the following stages:

a. Assessment and annual updates**;**
b. Development of or update to the Individual Service Plan (ISP);
c. Development of or update to an Inpatient Treatment and Discharge Plan (ITDP);
d. Initiation of the grievance or investigation processes;
e. Filing of an appeal; and
f. Existence of a condition which may be a basis for a grievance, investigation or an appeal and/or the person's dissatisfaction with a situation that could be addressed by one or more of these processes.

For persons with a SMI who are not Title XIX-enrolled, T/RBHAs, AzSH and subcontracted providers are required to assess whether the person is in need of Special Assistance:

a. Upon admission to the AzSH and periodically during the person's stay;
b. Initiation of the grievance or investigation processes; and
c. Filing of an appeal.

4. Documentation

T/RBHAs, AzSH and subcontracted providers shall document in the clinical record each time a staff member assesses an individual for Special Assistance, indicating the factors reviewed and the conclusion. If the conclusion is that the person is in need of Special Assistance, they shall notify the OHR using the Notification of Person In Need of Special Assistance form (PM Form 5.4.1) in accordance with the procedures below.

G. PROCEDURES

1. Notification Requirements

a. T/RBHAs, AzSH and subcontracted providers must submit Part A of the Notification of Persons in Need of Special Assistance Form (PM Form 5.4.1) to the OHR within three working days of identifying a person in need of Special Assistance. If the person has a Special Assistance need requiring immediate assistance, the notification form must be submitted immediately with a notation indicating the urgency. T/RBHAs, AzSH and subcontracted providers should inform the person of the notification and explain the benefits of having another person involved who can provide Special Assistance. No authorization for release of protected health information, (with the exception of drug and alcohol abuse treatment, AIDS/HIV and/or communicable disease treatment), is required to submit a Notification of Person in Need of Special Assistance to the Office of Human Rights or to discuss related details with the OHR.

b. The OHR will review the notification form to ensure that it contains sufficient information detailing the criteria and respond to the T/RBHA and subcontracted providers by completing Part B of PM Form 5.4.1 within three working days of receipt of the Notification Form. In the event necessary information is not provided, OHR will contact the staff member submitting the notification to obtain clarification. In the event the notification is urgent, OHR will respond as soon as possible, but generally within one working day of receipt of the notification.

c. The notification process is not complete until OHR completes Part B of the notification form and sends it back to the T/RBHA and subcontracted providers. The T/RBHAs and subcontracted providers should follow up with OHR if Part B is not received within three working days.

d. T/RBHAs, AzSH or subcontracted providers must notify the OHR within ten days of an event or determination that a person in need of Special Assistance no longer meets criteria by completing Part C of the original notification form identifying:
   i. The reason(s) why Special Assistance is no longer required,
   ii. The effective date;
   iii. The name and title of the staff person completing the form; and
   iv. The date the form is completed.

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e. T/RBHAs and subcontracted providers shall provide relevant details and a copy of the original Special Assistance Notification form (both Parts A and B) to the receiving entity or case manager when a person in need of Special Assistance who is also Title XIX-enrolled (on AHCCCS) is admitted to an inpatient facility or is transferred to a different T/RBHA, case management provider site or case manager.

f. T/RBHAs and subcontracted providers shall provide relevant details and a copy of the original Special Assistance Notification form (both Parts A and B) to the receiving entity when a person in need of Special Assistance who is Non Title XIX-enrolled is admitted to AzSH or is transferred to a different T/RBHA or provider site.

2. Requirement of T/RBHAs, AzSH, Subcontracted Providers and ADHS/DBHS Office of Grievance and Appeals (OGA) to Help Ensure the Provision of Special Assistance

    a. T/RBHAs, AzSH, subcontracted providers and ADHS/DBHS OGA must maintain open communication with the person (guardian, family member, friend, OHR advocate, etc.) assigned to meet the person's Special Assistance needs. For persons who are also TXIX-enrolled, minimally, this involves providing timely notification to the person providing Special Assistance to ensure involvement in the following:
        i. ISP planning and review (including anytime the person makes a decision regarding service options and/or modification/termination of services);
        ii. ITDP planning (which includes any time a person is admitted to a psychiatric inpatient facility); and
        iii. Investigation, grievance or appeal processes (including when initiating a request for an investigation, grievance or appeal may be warranted).

    b. T/RBHAs, AzSH, subcontracted providers, and ADHS/DBHS OGA must maintain open communication with the person assigned to meet the Special Assistance needs of a person who is not Title XIX-enrolled. This involves responding to general inquiries; additionally includes, providing timely and unsolicited notification to ensure involvement in the following:
        i. Inpatient treatment and discharge planning (ITDP) during the person's stay at the AzSH.
        ii. Investigation, grievance or appeals processes.

    c. In the event that such procedures are delayed in order to ensure the participation of the person providing Special Assistance, the T/RBHAs, AzSH, subcontracted providers and DBHS OGA must document the reason for the delay in the clinical record, or the investigation, grievance or appeal file.

    d. T/RBHAs and subcontracted providers must periodically review whether the person's needs are being met by the person designated to meet the individual's Special Assistance needs. If a concern arises, they should first address it with the person providing Special Assistance. If the issue is not promptly resolved, they must take further action to address the issue, which may include contacting OHR for assistance.

3. ADHS/DBHS Office of Grievance and Appeals and RBHA Office of Grievance and Appeals Reporting Requirements

    a. Upon receipt of a request for investigation, grievance or an appeal, the T/RBHAs' Office of Grievance and Appeals and the ADHS/DBHS OGA must review whether the person is already identified as in need of Special Assistance.

    b. If so, the T/RBHA must ensure that:

i. A copy of the request for investigation or grievance, is sent to OHR within five days of receipt of the request. The T/RBHA must also forward a copy of the final grievance/investigation decision to the OHR within five days of issuing the decision.
ii. The results of the Informal conference (IC) regarding appeals are sent to OHR. The T/RBHA shall also forward a copy of any subsequent notice of hearing.

4. Reporting Requirements

a. TRBHAs must have a method to track individuals in need of Special Assistance, to ensure compliance with this policy and the reporting requirements described in this section. The T/RBHA must, by the 10th calendar day of each month, provide the Office of Human Rights with a comprehensive report listing:

i. All persons in need of Special Assistance who are active as of the end of the previous month;
ii. Any notifications during the previous month that a person no longer needs Special Assistance;
iii. Any persons transferred to the T/RBHA during the previous month who were Special Assistance in the previous T/RBHA; and
iv. Any person in need of Special Assistance transferred from the T/RBHA to another T/RBHA.

The monthly reports must contain the following information:

i. Name;
ii. Date of Birth;
iii. Current address;
iv. Current phone number;
v. Type of residence;
vi. Whether currently at AzSH;
vii. AzSH identification number;
viii. Name of provider;
ix. Name of provider site, address and phone number
x. Name of case manager;
xi. Name of clinical supervisor;
xii. GSA (for RBHAs serving more than one);
xiii. Title XIX (AHCCCS) enrollment status (yes or no)
xiv. Areas of need (ISP, ITDP, grievance/investigation and/or appeals);
xv. Effective date (that Part B was completed);
xvi. Guardian's name, address and phone number;
xvii. Name, address and phone number of person meeting the Special Assistance needs;
xviii. If applicable, the date of the removal (when Part C of the notification was sent to

OHR) or the event and event date that prompted the removal; and

xix. If applicable, the date of the inter-RBHA transfer, including the name of the receiving T/RBHA.

b. By the 25th day of the month following the end of a quarter, OHR will provide T/RBHAs with a comprehensive report for the previous quarter. The T/RBHAs, in response to OHR's quarterly report must submit an updated report to OHR by the 10th day of the next month, identifying any changes in client information that occurred during the previous quarter. Examples include; change in Title XIX enrollment, changes in the individual's residence, case management provider or case manager assignment, or a change in the assignment of the person identified to meet the Special Assistance needs. T/RBHAs and OHR will work together to rectify any data discrepancies in a timely manner to ensure that the data maintained is accurate.

c. The Office of Human Rights (OHR), utilizing data it maintains on all persons in need of Special Assistance, must provide a list of persons in each region to each Human Rights Committee by the 25th calendar day of each month. The OHR will customarily provide a courtesy copy of the report to the corresponding RBHA.

d. By the 15th of the month, OHR will provide AzSH a list of persons in need of Special Assistance that were receiving services at AzSH during the previous month. AzSH will review the list for accuracy and provide a response by the 20th of the month, indicating any additions to the report, including information on discharges during the previous month. OHR will provide the final report to the AzSH Human Rights Committee and a copy to AzSH by the 25th of the month**.**

5. Confidentiality Requirements

a. T/RBHAs, AzSH and subcontracted providers shall grant access to clinical records of persons in need of Special Assistance to the Office of Human Rights in accordance with federal and state confidentiality laws (For further clarification see Section C.O. 1.4 Confidentiality.

b. HRCs and their members shall safeguard the list that contains the names of those persons in need Special Assistance regarding any Protected Health Information (PHI). HRCs must inform ADHS/DBHS in writing of how it will maintain the confidentiality of the Special Assistance lists. If HRCs request additional information not included in the monthly report that contains PHI, they must do so in accordance with the requirements set out in GA 3.8 Disclosure of Confidential Information to Human Rights Committees.

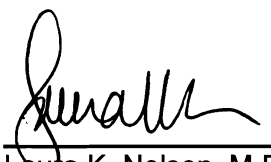
6. Other Procedures

a. T/RBHAs, AzSH and subcontracted providers must maintain a copy of the completed Notification of Special Assistance form (Parts A and B) in the person's comprehensive clinical record.

b. Human Rights Committees (HRCs) must make regular visits to the residential environments of persons in need of Special Assistance to determine whether the services meet their needs and their satisfaction with the residential environment.

c. T/RBHAs must ensure that all applicable T/RBHA and provider staff is trained regarding the requirements of Special Assistance.

H. APPROVED BY:



10/19/2010

Laura K. Nelson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY GA 3.5 NOTICE AND APPEAL REQUIREMENTS (SMI and NON-SMI/NON-TITLE XIX/XXI)

A. PURPOSE: To ensure that persons seeking or receiving behavioral health services are provided notice and the opportunity to appeal as required by law.

B. SCOPE: ADHS/DBHS, T/RBHAs, the Arizona State Hospital, persons applying to be determined to have a Serious Mental Illness, persons determined to have a Serious Mental Illness, recipients of behavioral health services who are not Title XIX/XXI and not determined to be eligible for SMI services.

C. POLICY: Decisions made by ADHS/DBHS, a T/RBHA or a T/RBHA provider regarding: SMI eligibility; the need for, the timely provision of, or the continuation of behavioral health services; and charges or co-payments for services; may be appealed as described by this policy.

This policy does not apply to:

- Allegations of rights violations made by enrolled persons with a Serious Mental Illness (see ADHS/DBHS Policy and Procedure GA 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness);
- Actions or decisions that deny, suspend, reduce, or terminate a person's or persons' services or benefits as a result of changes in state or federal law which require an automatic change, or in order to avoid exceeding the state funding legislatively appropriated for those services or benefits;
- Determinations of categorical eligibility/ineligibility for Title XIX or Title XXI services;
- Appeals of an action for individuals eligible for Title XIX/XXI covered services; (see ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements);

D. REFERENCES:
A.R.S. §1-254
A.R.S. §36-502.D
A.R.S. § 12-901 et seq.
A.R.S. § 36-111
A.R.S. § 36-3413
A.R.S. § 41, Chapter 6, Article 10
2 A.A.C. 19, Article 1
9 A.A.C. 1, Article 1
9 A.A.C. 21, Articles 2 and 4
ADHS/RBHA Contracts
ADHS/TRBHA IGAs

ADHS/DBHS Policy and Procedure GA 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness
ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements
ADHS/DBHS Policy and Procedure MI 5.3, Pre-Admission Screening and Resident Review

E. DEFINITIONS:

Action

Appeal

Denial

Limited Authorization

PASRR

Prior Authorization

Qualified Clinician

Reduction of Service

Suspension of Service

Termination of Service

F. PROCEDURES

1. General Requirements for Notices and Appeals

a. Computation of Time

In computing any time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs. If the period is 11 days or more, the time period must be calculated using calendar days, which means that weekends and legal holidays are counted. If however, the time period is less than 11 days, the time period is calculated using working days, in which case, weekends and legal holidays

must not be included in the computation. In either case, if the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday.

b. Language and Format Requirements

(1) Notice and written documents generated through the appeals process shall be available in each prevalent, non-English language spoken within the geographic service area.

(2) ADHS/DBHS, the T/RBHA and T/RBHA subcontracted providers must provide oral interpretation services at no charge to the behavioral health recipient to explain information contained in the notice or as part of the appeal process for all non-English languages.

(3) Notice and written documents generated through the appeals process shall be available in alternative formats, such as Braille, large font, or enhanced audio, and take into consideration the special communication needs of the person applying for or receiving behavioral health services.

(4) Notice and written documents must be written using an easily understood language and format.

c. Delivery of Notices

All notices and appeal decisions identified herein shall be personally delivered or mailed by certified mail to the required party at their last known residence or place of work. In the event that it may be unsafe to contact the person at his or her home address, or the person has indicated that he or she does not want to receive mail at home, the alternate methods identified by the person for communicating notices shall be used.

d. Prohibition of Punitive Action

ADHS/DBHS, T/RBHA's and their providers are prohibited from taking punitive action against persons exercising their right to appeal.

2. Notice Requirements

a. Notices pursuant to this section shall be delivered to:

(1) The eligible person; or

(2) The eligible person's legal or authorized representative.

b. Provision of notice shall be evidenced by retaining a copy of the notice in the comprehensive clinical record of the person receiving or requesting services.

3. Notices for persons being evaluated for or who have been determined to have a Serious Mental Illness

a. The T/RBHA shall provide ADHS/DBHS form, "Notice of SMI Grievance and Appeal Procedure" (Attachment A) to each person at the time of evaluation for an SMI eligibility determination.

b. T/RBHAs, T/RBHA subcontracted providers and the Arizona State Hospital shall provide a copy of ADHS Form MH-211, "Notice of Legal Rights for Persons with Serious Mental Illness" (Attachment E) at the time of admission to the agency for evaluation or treatment. The person receiving this notice must acknowledge in writing the receipt of the notice and this written acknowledgement must be retained in the person's comprehensive clinical record. T/RBHAs, T/RBHA subcontracted providers and the Arizona State Hospital shall post ADHS Form MH-211, in both English and Spanish, so that it is readily visible to persons visiting the agency.

c. The T/RBHA, the Arizona State Hospital, or ADHS/DBHS when making a decision on behalf of the Tribal RBHA, shall provide a "Notice of Decision and Right to Appeal" (Attachment B) when:

1. Initial eligibility for SMI services is determined. The notice must be sent within three days of the eligibility determination;

2. A decision is made regarding fees or waivers thereof;

3. An assessment report, Service Plan or Inpatient Treatment and Discharge Plan is developed, provided or reviewed;

4. A decision is made to modify the service plan or to deny, reduce, suspend or terminate a service[1] that is a non-Title XIX/XXI covered service[2]. Notice shall be

[1] No notice is required when the requested service requires a physician's order, and the denial, reduction, suspension or termination is due to the physician's refusal to order the service.

provided at least 30 days prior to the effective date of the change unless the person agrees to the change or a qualified clinician determines that the action is necessary to avoid a serious or immediate threat to the health or safety of the person receiving services or others;

5. A decision is made that the person is no longer eligible for SMI services; or

6. A PASRR determination, in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

d. Every T/RBHA, T/RBHA subcontracted provider and the Arizona State Hospital shall post ADHS Form MH-209, "Discrimination Prohibited" (Attachment F), in both English and Spanish, so that it is readily visible to persons visiting the agency and shall provide a copy of this form to the person at the time of discharge from the agency.

4. Notices for Non-SMI/Non-Title XIX/XXI populations

Notice is not required to persons who are not eligible for Title XIX/XXI or SMI services for service decisions under this policy.

5. Appeal Requirements

a. Agency Responsible for Processing Appeals

(1) Each RBHA is responsible for processing appeals pursuant to the requirements described within this policy. The processing of appeals shall not be delegated by the RBHA.

(2) Appeals that are related to a Tribal RBHA or one of their contracted behavioral health providers' decisions and appeals that relate to PASRR determinations are filed with and processed by ADHS/DBHS' Office of Grievance and Appeals. Throughout this policy, where the RBHA is identified as responsible for acting under this policy, ADHS/DBHS retains responsibility for the Tribal RBHAs and PASRR appeals.

(3) Appeals of decision by the Arizona State Hospital to deny a request for

[2] Decisions to modify the service plan to deny, reduce, suspend or terminate a service that is Title XIX/XXI covered requires notification pursuant to the requirements identified in ADHS/DBHS Policy GA 3.3 *Title XIX/XXI Notice and Appeal Requirements*.

admission to the Arizona State Hospital shall be filed with and processed by ADHS/DBHS' Office of Grievance and Appeals.

(4) Throughout this policy, whenever there is a reference to the RBHA, the Arizona State Hospital shall have the same responsibility when the appeal is filed with the Arizona State Hospital and concerns service decisions made by the Arizona State Hospital.

(5) Upon request, the RBHA shall provide assistance in explaining the appeal process or in reducing the appeal in writing to the appropriate appeal form.

b. Timeframes for Filing an Appeal

Appeals must be filed orally or in writing with the responsible RBHA within 60 days from the date of the decision being appealed. Late appeals shall be accepted upon a showing of good cause.

c. Extension of Appeal Timeframes

An extension of the appeal timeframes required in this policy may be secured either at the request of the appellant or with the permission of the RBHA Director or ADHS/DBHS Director or designee. An extension of time may only be approved upon a showing of necessity and upon a showing that the delay will not pose a threat to the safety or security of the behavioral health recipient. Documentation of the reason for and approval of the extension of time must be maintained in the appeal case record.

d. Who May File an Appeal

(1) An adult applying for or receiving services, their legal guardian, guardian ad litem, designated representative or attorney;

(2) A legal guardian or parent who is the legal custodian of a person under the age of 18 years or a designated representative;

(3) A court appointed guardian ad litem or an attorney of a person under the age of 18 years;

(4) A state or governmental agency that has executed an IGA/ISA with ADHS for the provision of behavioral health services to persons served by the governmental

agency, but which does not have legal custody or control of the person shall have appeal rights to the extent specified in the ISA/IGA between the agency and the ADHS; or

(5) A provider, acting on the behavioral health recipient's behalf and with the written authorization of the person.

6. Case Docketing Requirements

The RBHA shall use the unique ADHS/DBHS Docket Number auto-generated by the OGA database for each appeal filed. The file and all correspondence generated shall reference the AHDS/DBHS Docket Number.

7. Examination of Appeal Case Record

Upon request, the appellant shall be given an opportunity to examine the contents of the appeal case record. In addition, ADHS/DBHS or the RBHA must give the appellant an opportunity to examine all documents and records to be used at an informal conference and administrative hearing. ADHS/DBHS or the RBHA may deny access to clinical records contained in the appeal case record if permitted by State and Federal law.

8. Appeal Case Records

The RBHA will maintain appeal case records in the following manner:

a. All documentation received for entry into the appeal case record will be date stamped on the day received.

b. An appeal case record shall be maintained for each request to file an appeal. The case record shall include:

(1) An ADHS/DBHS docket number;

(2) The original request for appeal, if the appeal was filed orally or the appeal is not on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment C), the form shall be completed by the RBHA for each appeal filed;

(3) Copies of all documents generated or acquired through the appeal process; and

(4) The RBHA and ADHS/DBHS shall maintain all records pertaining to an appeal in

a secure and locked place until the appellant's administrative and legal remedies are exhausted or time allowed for an appeal has expired. Thereafter, ADHS/DBHS and the RBHA must maintain all appeal files in a secure designated area and retain for at least five years.

9. Standard and Burden of Proof

   a. The standard of proof on all issues on appeal shall be the preponderance of the evidence.

   b. The burden of proof for all issues on appeal is on the individual or agency appealing.

10. Appeal Process for Persons with a Serious Mental Illness

   a. The appeal process for persons with a Serious Mental Illness applies to all persons who have been determined SMI eligible and to persons disputing an SMI eligibility determination.

   b. Title XIX/XX eligible persons with a Serious Mental Illness who are appealing an action (see definition) affecting Title XIX/Title XXI covered services may elect to use either the Title XIX/XXI appeal process (see ADHS/DBHS Policy and Procedure GA 3.3 Title XIX/XXI Notice and Appeal Requirements) or the appeal process for persons with a Serious Mental Illness as described in Section F.10. of this policy.

   c. An appeal may be filed for one or more of the following[3]:

      (1) Decisions regarding the person's SMI eligibility determination;

      (2) Sufficiency or appropriateness of the assessment;

      (3) Long-term view, service goals, objectives or timelines stated in the Service Plan (SP) or Inpatient Treatment and Discharge Plan (ITDP);

      (4) Recommended services identified in the assessment report, SP or ITDP;

      (5) Actual services to be provided, as described in the SP, plan for interim services

[3] An appeal may not be filed when the contested decision involved a request for a service that requires a physician's order, and the physician refuses to order the service.

or ITDP;

(6) Access to or prompt provision of services;

(7) Findings of the clinical team with regard to the person's competency, capacity to make decisions, need for guardianship or other protective services or need for special assistance;

(8) Denial of a request for a review of, the outcome of, a modification to or failure to modify, or termination of an SP, ITDP or portion of an SP or ITDP;

(9) Application of the procedures and timeframes for developing the SP or ITDP;

(10) Implementation of the SP or ITDP;

(11) Decision to provide service planning, including the provision of assessment or case management services to a person who is refusing such services, or a decision not to provide such services to the person;

(12) Decisions regarding a person's fee assessment or the denial of a request for a waiver of fees;

(13) Denial of payment of a claim;

(14) Failure of the RBHA or ADHS/DBHS to act within the timeframes regarding an appeal; or

(15) A PASRR determination, in the context of either a preadmission screening or an annual resident review, which adversely affects the person.

11. Continuation of SMI services

a. If the appeal relates to the modification or termination of a behavioral health service, the service under appeal shall continue pending the resolution of the appeal through the final agency decision, unless:

(1) A qualified clinician determines that the modification or termination is necessary to avoid a serious or immediate threat to the health or safety of the person or another individual; or

(2) The person or guardian agrees in writing to the modification or termination.

12. Standard Appeal Process

a. Within 5 working days of receipt of an appeal, the RBHA must inform the appellant in writing that the appeal has been received and of the procedures that will be followed during the appeal.

b. In the event the RBHA refuses to accept a late appeal or determines that the issue may not be appealed[4], the RBHA must inform the appellant in writing that they may, within 10 days of their receipt of the RBHA decision, request an Administrative Review of the decision with the ADHS/DBHS Office of Grievance and Appeals.

c. If a timely request for Administrative Review is filed with ADHS/DBHS of the RBHA's decision in 12.b. above, ADHS/DBHS shall issue a final decision of within 15 days of the request.

13. Informal Conference with the RBHA

a. Within 7 days of receipt of an appeal, the RBHA shall hold an informal conference with the person, guardian, any designated representative, case manager or other representative of the service provider, if appropriate.

b. The RBHA must schedule the conference at a convenient time and place and inform all participants in writing, two days prior to the conference, of the time, date and location, the ability to participate in the conference by telephone or teleconference, and the appellant's right to be represented by a designated representative of the appellant's choice.

c. The informal conference shall be chaired by a representative of the RBHA with authority to resolve the issues under appeal, who shall seek to mediate and resolve the issues in dispute.

d. The RBHA representative shall record a statement of the nature of the appeal, the issues involved, any resolution(s) achieved, the date by which the resolution(s) will be implemented, and identify any unresolved issues for further appeal.

e. If the issues in dispute are resolved to the satisfaction of the person or guardian, the

[4]This does not include those circumstances described in paragraph C – Policy set forth above that describes those actions or decisions to which this policy does not apply.

RBHA shall issue a dated written notice to all parties, which shall include a statement of the nature of the appeal, the issues involved, the resolution achieved and the date by which the resolution will be implemented.

f. If the issues in dispute are not resolved to the satisfaction of the person or guardian and the issues in dispute do not relate to the person's eligibility for behavioral health services, the person or guardian shall be informed that the matter will be forwarded for further appeal to ADHS/DBHS for informal conference, and of the procedure for requesting a waiver of the ADHS/DBHS informal conference.

g. If the issues in dispute are not resolved to the satisfaction of the person or guardian and the issues in dispute relate to the person's eligibility for SMI services or the person or guardian has requested a waiver of the ADHS/DBHS informal conference in writing, the RBHA shall:

(1) Provide written notice to the person or guardian of the process to request an administrative hearing.

(2) Determine at the informal conference whether the person or guardian is requesting the RBHA to request an administrative hearing on behalf of the person or guardian and, if so, file the request with ADHS/DBHS within 3 days of the informal conference.

(3) For a person who is in need of special assistance, send a copy of the notice referenced in section F.13.g.(1) to the appropriate human rights committee.

(4) In the event the person appealing fails to attend the informal conference and fails to notify the RBHA of their inability to attend prior to the scheduled conference, the RBHA may issue a written notice, within 3 working days of the scheduled conference, which:

(a) Describes the RBHA's position on the issue under appeal; and

(i) Advises the appellant that the appeal will be forwarded for an ADHS/DBHS Informal Conference and their right to waive the informal conference to request an ADHS/DBHS Administrative Hearing; or

(ii) For issues relating to the person's eligibility, of the appellant's right to request an Administrative Hearing.

(5) For all unresolved appeals, the RBHA must forward the appeal case record to the ADHS/DBHS Office of Grievance and Appeals within three days from the conclusion of the informal conference.

14. ADHS/DBHS Informal Conference

a. Unless the person or guardian waives an informal conference with ADHS/DBHS, or the issue on appeal relates to eligibility for SMI services, ADHS/DBHS shall hold a second informal conference within 15 days of the notification from the RBHA that the appeal was unresolved.

(1) At least 5 days prior to the date of the second informal conference, ADHS/DBHS shall notify the participants in writing of the date, time and location of the conference.

(2) The informal conference shall be chaired by a representative of ADHS/DBHS with authority to resolve the issues under appeal who shall seek to mediate and resolve the issues in dispute.

(3) The ADHS/DBHS representative shall record a statement of the nature of the appeal, the issues involved, any resolution(s) achieved, the date by which the resolution(s) will be implemented, and identify any unresolved issues for further appeal.

(4) If the issues in dispute are resolved to the satisfaction of the person or guardian, ADHS/DBHS shall issue a dated written notice to all parties, which shall include a statement of the nature of the appeal, the issues involved, the resolution achieved and the date by which the resolution will be implemented.

(5) If the issues in dispute are not resolved to the satisfaction of the person or guardian, ADHS/DBHS shall:

(a) Provide written notice to the person or guardian of the process to request an administrative hearing.

(b) Determine at the informal conference whether the person or guardian is requesting ADHS/DBHS to request an administrative hearing on behalf of the person or guardian and, if so, file the request within 3 days of the informal conference.

(c) For a person who is in need of special assistance, send a copy of the notice in F.14.a.(5)(a) to the appropriate human rights committee.

(d) In the event the person appealing fails to attend the informal conference and fails to notify ADHS/DBHS of their inability to attend prior to the scheduled conference, ADHS/DBHS may issue a written notice, within 3 working days of the scheduled conference, which contains a description of the decision on the issue under appeal and which advises the appellant of their right to request an Administrative Hearing.

15. Requests for Administrative Hearing

a. A written request for hearing filed with ADHS must contain the following information:

(1) Case name (name of the applicant or person receiving services, name of the appellant and the ADHS/DBHS docket number);

(2) The decision being appealed;

(3) The date of the decision being appealed; and

(4) The reason for the appeal.

b. In the event a request for administrative hearing is filed with the RBHA, the RBHA shall ensure that the written request for hearing, appeal case record and all supporting documentation is received by the ADHS/DBHS Office of Grievance and Appeals within 3 days from such date.

c. Administrative hearings shall be conducted and decided pursuant to A.R.S. § 41-1092 et seq.

16. Expedited Appeals

a. At the time an appeal is initiated, the applicant, person or provider on a person's behalf may request an expedited appeal in writing. The RBHA shall accept requests to expedite an appeal for good cause, and for the following:

(1) The denial of admission to or the termination of a continuation of inpatient services; or

(2) A denial or termination of crisis or emergency services.

b. Within 1 day of receipt of a request for an expedited appeal, the RBHA must inform the appellant in writing that the appeal has been received and of the time, date and location of the informal conference; or

c. Issue a written decision stating that the appeal does not meet criteria as an expedited appeal and that the appellant may request an Administrative Review from ADHS/DBHS of this decision within 3 days of the decision. The appeal shall then proceed according to the standard process as described in Section F.12. of this policy.

d. If the person or their guardian requests an Administrative Review on a timely basis the RBHA's decision in 16.c., ADHS/DBHS shall complete the review and issue a written decision within 1 day from the date of receipt. The decision of ADHS/DBHS shall be final.

17. RBHA Expedited Informal Conference

Within 2 days of receipt of a written request for an expedited appeal, the RBHA shall hold an informal conference in accordance with applicable provisions of section F.13 of this policy to mediate and resolve the issues in dispute.

18. ADHS/DBHS Expedited Informal Conference

a. Within two days of notification from the RBHA, ADHS/DBHS shall hold an informal conference in accordance with applicable provisions of section F.14. of this policy to mediate and resolve the issue in dispute, unless the appellant waives the conference at this level, in which case the appeal shall be forwarded within one day to the ADHS Director to schedule an administrative hearing.

b. Within one day of the informal conference with ADHS/DBHS, if the conference failed to resolve the appeal, the appeal shall be forwarded to the ADHS Director to schedule an administrative hearing.

19. Requests for Administrative Hearing

a. A written request for hearing filed with ADHS must contain the following information:

(1) Case name (name of the applicant or person receiving services, name of the

appellant and the ADHS/DBHS docket number);

(2) The decision being appealed;

(3) The date of the decision being appealed; and

(4) The reason for the appeal.

b. In the event a request for administrative hearing is filed with the RBHA, the RBHA shall ensure that the written request for hearing, appeal case record and all supporting documentation is received by the ADHS/DBHS Office of Grievance and Appeals within 3 days.

c. Administrative hearings shall be conducted and decided pursuant to A.R.S. §41-1092 et seq.

20. Non-SMI/Non-Title XIX/XXI Member Appeals

a. This process applies to actions or decisions related to determination of need for Non-SMI, Non-Title XIX/XXI funded, covered behavioral health services.

b. The RBHA in processing the appeal, must:

(1) Inform the appellant in writing within 5 working days of receipt that the appeal has been received and of the procedures that will be followed during the appeal;

(2) Provide the appellant a reasonable opportunity to present evidence and allegations of fact or law in person and in writing; and

(3) Provide a written decision no later than 30 days from the day the appeal is received. The decision shall include a summary of the issues involved, the outcome of the appeal, and the basis of the decision. For appeals not resolved wholly in favor of the appellant, the RBHA shall advise the appellant in writing of their right to request an administrative hearing with ADHS no later than 30 days from the date of the RBHA's decision, and how to do so.

c. Requests for Administrative Hearing

POLICY GA 3.5 NOTICE AND APPEAL REQUIREMENTS (SMI and NON-SMI/NON-TITLE XIX/XXI)

(1) A written request for hearing filed with ADHS must contain the following information:

(a) Case name (name of the applicant or person receiving services, name of the appellant and the ADHS/DBHS docket number);

(b) The decision being appealed;

(c) The date of the decision being appealed; and

(d) The reason for the appeal.

(2) In the event a request for administrative hearing is filed with the RBHA, the RBHA shall ensure that the written request for hearing, appeal case record and all supporting documentation is received by ADHS/DBHS Office of Grievance and Appeals within 3 days.

G. APPROVED BY:

5/17/10

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

ATTACHMENT A

ADHS/DBHS NOTICE OF SMI GRIEVANCE AND APPEAL PROCEDURE

(Click Here for Spanish Version)

It is the philosophy of the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) to provide state residents with timely access to appropriate and effective behavioral health care. Services are provided through the Regional Behavioral Health Authority (RBHA) or Tribal Regional Behavioral Health Authority (TRBHA). Should you need to request an investigation, file an SMI grievance, or file an appeal, the following process is followed:

SMI GRIEVANCE/REQUEST FOR INVESTIGATION/

Any person may file an SMI grievance or request an investigation regarding any act or omission of ADHS/DBHS, the Arizona State Hospital, the T/RBHA, or one of its providers, alleging that a rights violation or a condition requiring investigation has occurred or currently exists. (Please note: allegations about the need for, or appropriateness of behavioral health services should not be considered an SMI grievance, but should be addressed through the appeal process described below.) The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at ADHS/DBHS, the Arizona State Hospital, the T/RBHAs, case management sites and at all provider sites.

All SMI grievances/requests for investigation must be filed with the appropriate RBHA. Allegation of rights violation by a TRBHA or their providers or SMI grievances/requests for investigation related to physical or sexual abuse will be addressed by ADHS/DBHS. SMI grievances/requests for investigations on such issues may be filed with the RBHA to be forwarded to ADHS/DBHS or may be filed directly in writing with ADHS/DBHS at 150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007, or orally, by calling (602) 364-4575. Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter. When a decision is reached, you will receive a written response.

APPEAL

Any person, age 18, his or her guardian, or designated representative, may file an appeal related to services applied for, or services the person is receiving. Matters of appeal are generally related to: a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Service Plan; the Individual Treatment and Discharge Plan; recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessments. Appeals must be filed with the RBHA or ADHS/DBHS for the TRBHA and must be initiated no later than 60 days of the decision or action being appealed. Appeal forms are available at ADHS/DBHS, the T/RBHAs, case management sites and at all provider sites.

The RBHA or ADHS/DBHS (for TRBHA appeals) will attempt to resolve all appeals within seven days through an informal process. If the problem cannot be resolved, the matter will be forwarded to ADHS/DBHS for further appeal. If the RBHA will not accept your appeal or dismisses your appeal without consideration, you may request an Administrative Review by ADHS/DBHS of that decision.

For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal
2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix. You may also contact the Office of Human Rights at (602) 364-4574, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007, (602)364-2595.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

RBHA NAME
RBHA address and phone number
In English and Spanish
Last Revised: 02/29/2008

ATTACHMENT B

NOTICE OF DECISION AND RIGHT TO APPEAL
(FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS)

(Click Here for Spanish Version)

TO: [APPLICANT/CLIENT'S NAME/ADDRESS]
[REPRESENTATIVE NAME/ADDRESS]

FROM: (Name of agency)
(Address)
CONTACT PERSON/NUMBER

OUR DECISION:

This decision concerns:

- ❑ your eligibility for SMI services
- ❑ fees
- ❑ your clinical assessment
- ❑ your outpatient or inpatient service plan
- ❑ a change in your services
- ❑ other

Our decision is: _____

The effective date of this decision is: _____

The reason for our decision is: _____

_____

DATE OF DECISION: _____ **(AN APPEAL MUST BE FILED WITHIN 60 DAYS OF THIS DATE)**

YOUR RIGHT TO APPEAL:

How to Appeal

Within 60 days of this decision, you may appeal orally by calling [local number] or [toll free number], or in writing by completing PM Form 5.3.1, ADHS/DBHS Appeal or SMI Grievance Form, **and sending it to [address].** Your appeal will begin at the RBHA or ADHS/DBHS for TRBHA-related issues. If your appeal is not resolved by the RBHA, you have a right to request an administrative hearing pursuant to A.R.S. §36-111-112, A.R.S. §41-1061 et seq of the Administrative Procedure Act.

Continued Benefits

If this decision concerns services you are currently receiving and if you appeal, your services will continue throughout the appeal process, unless a qualified clinician determines that the change is required to avoid a serious or immediate threat to your health or safety, or that of another person.

HOW TO GET HELP WITH YOUR APPEAL:

Any adult client or client's legal guardian may represent himself, use a designated representative or legal counsel. To get help with this appeal you may contact the State Protection and Advocacy System, The Arizona Center for Disability Law at 1-800-922-1447 in Tucson and 1-800-927-2260 in Phoenix. You may also contact the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. You may also refer to your member handbook for more information about the appeals process.

_____

Name and Signature of Individual Completing this Form

For translation or alternative format requests, call [insert 1-800 and local number]
Para recibir esta forma en español, llame a: [insert 1-800 and local number]

ATTACHMENT C

ADHS/DBHS APPEAL OR SMI GRIEVANCE FORM

(Click Here for Spanish Version)

For translation or alternative format requests, call [insert 1-800 and local number]

Para recibir esta forma en español, llame a: [insert 1-800 and local number]

Client/Applicant Information:

Name: _____
(Last, First, M.I.)

Address: _____
Street City State Zip Code

Phone: (___)_____ Date of Birth: _____

Information about the person filing (if different than above):

Name: _____
(Last, First, M.I.)

Address: _____
Street City State Zip Code

Phone: ()_____

Relationship to the Client/Applicant (i.e. Provider, Parent or Guardian): _____

Description of Appeal or Grievance: [Please include dates, names, locations, also any other attempts to resolve the problem, attaching additional pages as necessary.]

_____

_____

_____

What solution do you want?_____

_____

_____

Continuation of Services:

For clients with a serious mental illness, your services under appeal will be continued during the appeal process, unless doing so poses a serious threat of harm to you or others.

For appeals relating to Title XIX or XXI services, please check *one* of the following:

- ❑ I am requesting that the services I am appealing be continued during the appeal process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal process.
- ❑ I do not want the services I am appealing to be continued during the appeal process.

Client Signature: _____ Date: _____

ATTACHMENT E

ADHS FORM MH-211

(Click Here for Spanish Version)

Notice of Legal Rights for Persons with Serious Mental Illness

If you have a serious or chronic mental illness, you have legal rights under federal and state law. Some of these rights include:

- The right to appropriate mental health services based on your individual needs;
- The right to participate in all phases of your mental health treatment, including service plan (SP) meetings;
- The right to a discharge plan upon discharge from a hospital;
- The right to consent to or refuse treatment (except in an emergency or by court order);
- The right to treatment in the least restrictive setting;
- The right to freedom from unnecessary seclusion or restraint;
- The right not to be physically, sexually, or verbally abused;
- The right to privacy (mail, visits, telephone conversations);
- The right to file an appeal or grievance when you disagree with the services you receive or your rights are violated;
- The right to choose a designated representative(s) to assist you in SP meetings and in filing grievances;
- The right to a case manager to work with you in obtaining the services you need;
- The right to a written SP that sets forth the services you will receive;
- The right to associate with others;
- The right to confidentiality of your psychiatric records;
- The right to obtain copies of your own psychiatric records (unless it would not be in your best interests to have them);
- The right to appeal a court-ordered involuntary commitment and to consult with an attorney and to request judicial review of court-ordered commitment every 60 days;
- The right not to be discriminated against in employment or housing.

If you would like information about your rights, you may request a copy of the "Your Rights in Arizona as an Individual with Serious Mental Illness" brochure or you may also call the Arizona Department of Health Services, Office of Human Rights at 1-800-421-2124 or at (602) 364-4574.

ADHS/BHS Form MH-211 (02/08)

ATTACHMENT F

ADHS FORM MH-209

Notice of Discrimination Prohibited

Pursuant to A.R.S. § 36-506 and R9-21-101(B)

A. Persons undergoing evaluation or treatment pursuant to this Chapter shall not be denied any civil right, including, but not limited to, the right to dispose of property, sue and be sued, enter into contractual relationships and vote. Court-ordered treatment or evaluation pursuant to this Chapter is not a determination of legal incompetency, except to the extent provided in A.R.S. § 36-512.
B. A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner, including but not limited to:
   1. Seeking employment.
   2. Resuming or continuing professional practice or previous occupation.
   3. Obtaining or retaining housing.
   4. Obtaining or retaining licenses or permits, including but not limited to, motor vehicle licenses, motor vehicle operator's and chauffeur's licenses and professional or occupational licenses.
C. "Discrimination" for purposes of this Section means any denial of civil rights on the grounds of hospitalization or outpatient care and treatment unrelated to a person's present capacity to meet the standards applicable to all persons. Applications for positions, licenses and housing shall contain no requests for information which encourage such discrimination.
D. Upon discharge from any treatment or evaluation agency, the patient shall be given written notice of the provisions of this Section.

AVISO
Discriminacion Prohibida

Conforme a A.R.S. § 36-506 y R9-21-101(B)

A. A las personas que estan bajo evaluacion o tratamiento conforme a este capitulo, no se les negara ningun derecho civil, incluyendo pero no limitado a, el derecho a disponer de propiedad, a demandar y ser demandado, a tomar parte en relaciones contractuales y a votar. El tratamiento o evaluacion ordenado por la corte conforme a este capitulo no es una determinacion de incompetencia légal, excepto hasta el punto proveido en la seccion 36-512.
B. No se haran discriminaciones de ninguna clase, en contra de una persona que ha sido o esta siendo evaluada o tratada en una agencia debido a un desorden mental, incluyendo pero no limitado a:
   1. Buscar trabajo.
   2. Reasumir o continuar una practica profesional u ocupacion previa.
   3. Obtener o retener vivienda.
   4. Obtener o retener licencias o permisos, incluyendo pero no limitado a, licencias para vehiculo de motor, licencias de operador de vehiculo de motor y de chofer, y licencias ocupacionales o profesionales.
C. "Discriminacion" para propositos de esta seccion quiere decir cualquier denegacion de derechos civiles por motives de hospitalizacion o tratamiento externo no relacionado a la capacidad actual de la persona para cumplir con las normas aplicables a toda persona. Las solicitudes para posiciones, licencias y vivienda no contendran peticion de informacion que pueda fomentar tal discriminacion.
D. Al ser dado de alta de cualquier agencia de tratamiento o evaluacion, se dara al paciente notificacion por escrito sobre las provisiones de esta seccion.

POLICY GA 3.6 COMPLAINT RESOLUTION

A. PURPOSE: To establish the process for Tribal Behavioral Health Authorities/Regional Behavioral Health Authorities (T/RBHAs), and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to ensure the resolution and tracking of complaints reported by eligible and enrolled persons, their families or legal guardian(s), authorized representatives, other agencies, and the public.

B. SCOPE: ADHS/DBHS and T/RBHAs.

C. POLICY: ADHS/DBHS and T/RBHAs shall:

- Respond to all complaints consistent with the requirements contained herein; and
- Track complaints for use as a source of information for quality improvement of the behavioral health service delivery system.

General questions or requests for information are not considered complaints.

An action that is subject to appeal through the Title XIX/XXI Member Appeal process shall not be handled as a complaint; rather it must be responded to as an appeal pursuant to ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements.

For persons determined to have a Serious Mental Illness (SMI) who are appealing a decision regarding SMI eligibility, or Non-TXIX/XXI behavioral health recipients appealing the need for a covered service, see Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI). For allegations of rights violations concerning persons determined to have a serious mental illness see Section 5.3 Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness.

Issues that are handled through the complaint resolution process may still be handled through appeal and SMI grievance processes, as applicable, in the event the complainant is dissatisfied with the resolution of their complaint.

POLICY GA 3.6 COMPLAINT RESOLUTION

D. REFERENCES:

42 CFR § 431.200 et seq.
42 CFR § 438.240
42 CFR § 438.400 et seq
9 A.A.C. 34, Article 2
R9-20-203
R9-20-701
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/Tribal IGAs
ADHS/DBHS Policy and Procedures Manual Section GA 3.3, Title XIX/XXI Notice and Appeal Requirements
ADHS/DBHS Policy and Procedures Manual Section GA 3.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-TXIX/XXI)
ADHS/DBHS Provider Manual Section 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness
ADHS/DBHS Provider Manual Section 3.23 Cultural Competence

E. DEFINITIONS:

Action

Appeal

Behavioral Health Professional

Complaint

Grievance or Request for Investigation

Serious Mental Illness (SMI)

F. PROCEDURES:

1. T/RBHA Requirements for Handling Complaints:

Regardless of who within the organization receives a complaint or whether it is filed orally or in writing, each T/RBHA shall have a centralized complaint resolution process and

designate an individual or individuals to whom all complaints shall be referred. The individual(s) must be trained to distinguish a complaint from a Title XIX/XXI appeal of an action (see ADHS/DBHS Policy and Procedure GA 3.3, Title XIX/XXI Notice and Appeal Requirements) and otherwise facilitate grievance and appeal processes as indicated. (See ADHS/DBHS Policy GA 3.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XXI/XXI) and ADHB/DBHS Policy 3.1, Conduct of Investigations Concerning Persons with Serious Mental Illness.)

a. Behavioral health providers are not precluded from attempting to resolve behavioral health recipient complaints. Persons seeking or receiving behavioral health services are encouraged to resolve issues at the lowest possible level. However, each T/RBHA and behavioral health provider must ensure that individuals understand they are not required to utilize provider complaint processes; but may at any point access the T/RBHA complaint, appeal, and SMI grievance processes.

b. The responsibilities for resolving complaints pursuant to requirements of this policy shall not be delegated by the T/RBHA.

c. The T/RBHA shall respond to all complaints according to the requirements contained in this policy, DBHS/RBHA contracts or DBHS Tribal IGAs.

d. In the event that the T/RBHA receives a complaint referred from ADHS/DBHS, the T/RBHA will provide ADHS/DBHS with a written summary that describes the steps taken to resolve the complaint, including the findings, plan for resolution, and any plan for correction within the timeframe specified by ADHS/DBHS.

e. The T/RBHA shall ensure that any specific corrective action or other action directed by ADHS/DBHS is implemented.

f. When information is received, either orally or in writing, that the individual has Limited English Proficiency (LEP) or any other communication need, providers must follow requirements outlined in Provider Manual Section 3.23 Cultural Competence, regarding oral interpretation services, translation of written materials, and services for the deaf and hard of hearing:

(1) For all individuals with LEP, the provider must make available oral interpretation services.

(2) For individuals needing translation in the prevalent non-English language

within the region, the T/RBHA shall provide a written translation in accordance with the requirements of Section 3.23 Cultural Competence.

(3) For individuals who need translation in a language that is not considered a prevalent non-English language within the region or who require alternative formats (such as TTY/TTD), the T/RBHA shall provide oral interpretation of written materials or make alternative communication formats available as indicated.

g. Complaints may be made to the T/RBHA orally or in writing by eligible and enrolled persons, their families or legal guardian(s), authorized representatives, other agencies, or the public. The T/RBHA shall not route or otherwise encourage the direct filing of complaints with Arizona Health Care Cost Containment System (AHCCCS) unless the person is AHCCCS or ALTCS eligible and enrolled and the complaint is specific or directly relates to the acute care health plan/provider.

h. The T/RBHA must establish and make available a toll free telephone number that can be used to file oral complaints. Complaints filed orally shall be considered acknowledged at the time of filing.

i. Complaints filed in writing must be acknowledged within 5 working days from receipt of the complaint.

j. Complaints filed in writing will be responded to in writing. The resolution letter will provide sufficient detail to demonstrate that the issue(s) have been adequately reviewed and the individual care needs are being met. The letter will also include a contact name and a phone number to call for additional assistance, or to express unresolved concerns.

k. In the event the complainant is dissatisfied with the T/RBHAs resolution of their complaint, the T/RBHA will advise the complainant that they may contact the ADHS/DBHS for additional review. ADHS/DBHS will review the complaint and the T/RBHAs efforts to resolve the complaint and intervene as indicated by the review.

l. The T/RBHA must provide a decision to the person who brought the complaint as expeditiously as the person's behavioral health condition requires; however, T/RBHAs are required to dispose of each complaint and provide oral or written notice within a timeframe that does not exceed 90 days.

m. The T/RBHA shall ensure that:

(1) Individuals who make decisions regarding complaints are not involved in any previous level of review or decision-making; and

(2) Individuals making decisions about complaints that involve the denial of an expedited resolution of an appeal, or that involve clinical issues must be behavioral health professionals with the appropriate clinical expertise in treating the behavioral health recipient's condition.

n. The T/RBHA shall:

(1) Ensure that the complaint file includes adequate documentation, including but not limited to:

a. Copies of all communication generated during the resolution process;

b. Documentation of actions taken to ensure that immediate health care needs are met;

c. Documentation of all steps taken to resolve the concern;

d. Documentation of the plans for resolution;

e. Documentation of plans for correction;

f. Evidence that the resolution and any plans for correction have been implemented; and

g. Evidence that identified issues are referred for additional follow up as indicated, including referrals to Quality Management, Network Management, Grievance and Appeals, and/or regulatory agencies.

(2) Maintain a log of all complaints received utilizing a set of fields (see Complaint Log Fields and Categories) which documents the following information

(a) The behavioral health recipient's first and last name,

(b) The date the complaint was made,

(c) Title XIX/XXI eligibility status,

(d) The source of the complaint,

(e) A description of the complaint,

(f) Any identified communication need (e.g., need for translator),

(g) The outcome reached,

(h) The length of time for outcome as indicated in Section F.1.j. of this policy,

(i) Covered service category,

(j) Treatment setting, and

(k) Behavioral health category.

(3) Routinely review the data collected through the complaint process as part of the T/RBHAs quality improvement strategy and network sufficiency review.

2. ADHS/DBHS Requirements for Handling Complaints:

a. Complaints made to ADHS/DBHS Issue Resolution staff will be referred, as appropriate, to the T/RBHA staff designated to respond to complaints according to the protocol established with the T/RBHA and consistent with the process described in Section F.1. of this policy.

b. ADHS/DBHS staff shall enter information regarding complaints into the automated ADHS/DBHS complaint database.

c. ADHS/DBHS shall routinely review the data collected through the complaint process as part of its quality improvement strategy.

POLICY GA 3.6 COMPLAINT RESOLUTION

G. APPROVED BY:

12/14/09

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services/
Division of Behavioral Health Services

Section GA 3.7 Reserved

POLICY GA 3.8 DISCLOSURE OF CONFIDENTIAL INFORMATION TO HUMAN RIGHTS COMMITTEES

A. PURPOSE: To disclose information to Human Rights Committees for the purposes of providing independent oversight and protecting the rights of all enrolled persons pursuant to federal and state law.

B. SCOPE: ADHS/DBHS and T/RBHAs. As applicable, T/RBHAs must ensure that all subcontracted providers, including the Arizona State Hospital, adhere to the requirements of this policy.

C. POLICY: Records of currently or previously enrolled persons shall be provided to Human Rights Committees in accordance with federal and state law.

D. REFERENCES:
42 C.F.R. 2.1 et seq.
45 C.F.R. 160.103
45 C.F.R. 164.502(a)
45 C.F.R. 164.512(d)(1)
45 C.F.R. 164.514(b)
A.R.S. § 36-509 (A) (11)
A.R.S. Title 12, Chapter 7, Article 6
A.R.S. Title 36, Chapter 6, Article 4
A.R.S. 36-664(H)
A.R.S. § 8-201 (21)
A.R.S. § 41-3803
A.R.S. § 41-3804
A.R.S. § 46-451 (A) (7)
R9-20-203
R9-21-101 (B) (1)
R9-21-105 (A)(G)(H)
Policy and Procedure QM 2.5, Reports of Incidents, Accidents and Deaths
Policy and Procedure CO 1.4, Confidentiality

E. DEFINITIONS:

1. Abuse
2. Alcohol and Drug Abuse Program
3. Confidential HIV Information
4. Enrolled Person
5. Human Rights Committees
6. Individually Identifiable Health Information
7. Neglect
8. Protected Health Information
9. Region
10. Serious Mental Illness
11. Special Assistance
12. Violation of Rights

F. PROCEDURES

1. T/RBHAs and the Arizona State Hospital shall provide Incident, Accident and Death Reports concerning issues including, but not limited to, reports of possible abuse, neglect or denial of rights to Human Rights Committees as required in ADHS/DBHS Policy and Procedure QM 2.5, *Reports of Incidents, Accidents and Deaths*. All incident, accident and death reports shall have all information removed that personally identifies enrolled persons in accordance

with federal and state confidentiality laws.

2. When a Human Rights Committee requests information regarding the outcome of a report of possible abuse, neglect or violation of rights, the T/RBHA, or Arizona State Hospital shall do one of the following:

   a. Conduct an investigation of the incident:

      (1) For incidents in which a person currently or previously enrolled as seriously mentally ill is the possible victim, the investigation shall follow the requirements in A.A.C. Title 9, Chapter 21, Article 4.

      (2) For incidents in which a currently or previously enrolled child or non-seriously mentally ill adult is the possible victim, the investigation shall be completed within 35 days of the request and shall determine: all information surrounding the incident, whether the incident constitutes abuse, neglect, or a violation of rights, and any corrective action needed as a result of the incident.

   b. If an investigation has already been conducted by the T/RBHA or Arizona State Hospital and can be disclosed without violating any confidentiality provisions, the T/RBHA or Arizona State Hospital shall provide the final investigation decision to the Human Rights Committee. The final investigation decision consists of, at a minimum, the following information:

      (1) The accepted portion of the investigation report with respect to the facts found;

      (2) A summary of the investigation findings; and

      (3) Conclusions and corrective action taken.

   c. Personally identifiable information regarding any currently or previously enrolled person shall not be included in the final investigation decision provided to the Human Rights Committee, unless otherwise allowed by law.

3. When a Human Rights Committee requests protected health information concerning a currently or previously enrolled person, the Human Rights Committee must first demonstrate to ADHS/DBHS that the information is necessary to perform a function that is related to the oversight of the behavioral health system or it must have written authorization from the person to review protected health information. HRC members are required to maintain any information or records pursuant to their oversight responsibilities as confidential and sign an agreement to comply with all confidentiality requirements.

   a. The T/RBHA, ADHS/DBHS or Arizona State Hospital shall do the following:

      (1) In the event that ADHS/DBHS determines that the Human Rights Committee needs protected health information in its capacity as a health oversight agency, or the Human Rights Committee has the person's written authorization, the T/RBHA, ADHS/DBHS or Arizona State Hospital shall do the following in providing information in response to the committee's request:

         (a) The T/RBHA, ADHS/DBHS or Arizona State Hospital shall first review the requested information and determine if any of the following types of information are present: communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. If no such information is present, then the T/RBHA, ADHS/DBHS or Arizona State Hospital shall provide the information adhering to the requirements in F.3.a.(1)(a)(iii-iv) below. If communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program is found, then the T/RBHA, ADHS/DBHS or Arizona State Hospital shall:

            i. Contact the currently or previously enrolled person or legal guardian if an adult, or the custodial parent or legal guardian if

a child, and ask if the person is willing to sign an authorization for the release of communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. The T/RBHA, ADHS/DBHS or Arizona State Hospital shall provide the name and telephone number of a contact person with the Human Rights Committee who can explain the Committee's purpose for requesting the protected information. If the person agrees to give authorization, the TRBHA, ADHS/DBHS or Arizona State Hospital shall obtain written authorization as required in F.4 below and provide the requested information to the Human Rights Committee. Authorization for the disclosure of records of deceased persons may be made by the executor, administrator or other personal representative appointed by will or by a court to manage the deceased person's estate. If no personal representative has been appointed, the patient's spouse or, if none, any responsible family member may give the required authorization.

ii. If the person does not authorize the release of the communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program, the person's record shall be provided to the Human Rights Committee with all communicable disease related information, including confidential HIV information, and information concerning diagnosis, treatment or referral from an alcohol or drug abuse program redacted. Other forms of protected health information shall be included in the record provided to the Human Rights Committee.

iii. Requested information that does not require the currently or previously enrolled person's authorization shall be provided within 15 working days of the request. If the currently or

previously enrolled person's authorization is required, requested information shall be provided within 5 working days of receipt of the currently or previously enrolled person's written authorization.

iv. When protected health information is sent, the T/RBHA, ADHS/DBHS or Arizona State Hospital shall include a cover letter addressed to the Human Rights Committee that states that the information is confidential, is for the official purposes of the committee, and is not to be re-released under any circumstances.

(2) In the event that ADHS/DBHS denies the Human Rights Committee's request for protected health information:

(a) ADHS/DBHS must notify the Human Rights Committee within 5 working days that the request is denied, the specific reason for the denial, and that the Committee may request, in writing, that the ADHS Director review this decision. The Committee's request to review the denial must be received by the ADHS Director within 60 days of the first scheduled committee meeting after the denial decision is issued.

i. The ADHS Director, or designee, shall conduct the review within 5 business days after receiving the request for review.

ii. The ADHS Director's decision shall be the final agency decision and is subject to judicial review pursuant to A.R.S. Title 12, Chapter 7, Article 6.

iii. No information or records shall be released during the time frame for filing a request for judicial review or when judicial review is pending.

4. Authorization Requirements

A written authorization for disclosure of information concerning diagnosis, treatment or referral from an alcohol or substance abuse program and/or communicable disease related information, including confidential HIV information, shall include:

a. The specific name or general designation of the program or person permitted to make the disclosure;

b. The name or title of the individual or the name of the organization to which the disclosure is to be made;

c. The name of the currently or previously enrolled person;

d. The purpose of the disclosure;

e. How much and what kind of information is to be disclosed;

f. The signature of the currently or previously enrolled person/legal guardian and, if the currently or previously enrolled person is a minor, the signature of a custodial parent or legal guardian;

g. The date on which the authorization is signed;

h. A statement that the authorization is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it; and

i. The date, event, or condition upon which the authorization will expire if not revoked before. This date, event, or condition must ensure that the authorization will last no longer than reasonably necessary to serve the purpose for which it is given.

j. A statement that this information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R, part 2) and state statute on confidentiality of HIV/AIDS and other communicable disease information (A.R.S. 36-664(H) which prohibit further disclosure of this information unless

further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R. Part 2 and A.R.S 36-664(H). A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

5. Problem Resolution

The Human Rights Committee may address any problems with receipt of requested information as provided in this policy, other than a denial of requested information, to the T/RBHA or Arizona State Hospital designated contact person. If the problem is not resolved, the Human Rights Committee may then address the problem to the Deputy Director of the Division of Behavioral Health Services.

G. APPROVED BY:

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Section 5.0 Miscellaneous (MI)

POLICY MI 5.1 ADHS/DBHS DOCUMENT DEVELOPMENT, MAINTENANCE AND DISSEMINATION

A. PURPOSE: To describe the development, maintenance and distribution of all Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) documents designed to communicate behavioral health system requirements to Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA contracted providers.

B. SCOPE: ADHS/DBHS and T/RBHAs.

C. POLICY: ADHS/DBHS is responsible for ensuring that applicable requirements governing Arizona's public behavioral health system are articulated clearly and accurately to T/RBHAs and T/RBHA contracted providers.

D. REFERENCES:
42 CFR 431.10
A.A.C. R9 21-210
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA Intergovernmental Agreements (IGAs)
ADHS/DBHS Interagency Service Agreements
ADHS/DBHS Memorandums of Understanding
ADHS/DBHS Manuals and Guides
ADHS/DBHS Clinical Practice Protocols with Required Elements
ADHS/DBHS Clinical Practice Protocols without Required Elements
National Clinical Practice Guidelines
ADHS/DBHS Plans
Demographic and Outcome Data Set User Guide

E. DEFINITIONS:

ADHS/DBHS Documents

ADHS/DBHS Medical Policies

ADHS/DBHS Policy Committee

ADHS/DBHS Public Comment

F. GENERAL REQUIREMENTS

1. ADHS/DBHS must:

a. Develop, maintain, post and distribute comprehensive policies.

b. Ensure T/RBHAs are provided copies of all applicable policies and provide prompt and accurate communication of any revisions to T/RBHAs.

c. Ensure that policies, manuals and standards contain detailed specifications for all operational, fiscal, program and administrative procedures applicable to the T/RBHAs.

d. Ensure that policies, manuals and standards pertaining to Title XIX and/or Title XXI members are consistent with AHCCCS policy requirements.

G. ADHS/DBHS Documents

ADHS/DBHS documents are published in various formats including, but not limited to, those listed below:

1. Contracts and Tribal Intergovernmental Agreements (IGAs)

a. RBHA contracts and Tribal IGAs articulate or reference supporting ADHS/DBHS documents that describe behavioral health system requirements.

2. Manuals and Guides

Manuals and Guides provide detailed information concerning the administrative, organizational or operational requirements associated with a specific function (See ADHS/DBHS Guides and Manuals Web page).

Examples include:

a. The ADHS/DBHS Covered Behavioral Health Services Guide is directed to ADHS/DBHS, T/RBHAs and T/RBHA subcontracted providers and describes covered behavioral health services, provider types, and service codes that allowable provider types may use to submit encounters/claims.

b. The ADHS/DBHS and T/RBHA Provider Manuals are directed to the

T/RBHAs and T/RBHA contracted providers regarding requirements for the direct provision of behavioral health services.

c. The ADHS/DBHS Policy and Procedures Manual is directed to ADHS/DBHS, T/RBHAs, and T/RBHA contracted providers for certain policies, and pertains to administrative and organizational requirements.

d. The ADHS/DBHS Office of Program Support Operations and Procedures Manual is directed to ADHS/DBHS and the T/RBHAs and is a reference guide describing the procedural requirements for the submission of encounters and includes all data processing requirements.

e. The ADHS/DBHS Client Information System (CIS) File Layout and Specifications Manual is a reference guide intended to assist each T/RBHA with ensuring the accuracy of data and in the development and/or maintenance of programming and other processes. The manual is also intended to assist each potential T/RBHA with understanding what would be required in an information services relationship with ADHS/DBHS. This manual includes file record layouts, specifications, and data definitions for each file passing between ADHS/DBHS, CIS, and each T/RBHA, as well as formats of informational reports created by ADHS/DBHS for the T/RBHAs' use.

f. The ADHS/DBHS Office of Grievance and Appeals Database Manual is a user's guide designed to create, maintain and track the history of dockets for grievances, investigations and appeals. Each process type is detailed according to whether it occurs at the RBHA level or with ADHS/DBHS, and for which program it involves (children, general mental health, substance abuse, Serious Mental Illness (SMI), or provider concerns.).

g. The ADHS/DBHS Accounting and Auditing Procedures Manual is a reference guide for contractors of ADHS/DBHS' funded programs. This manual details the financial responsibilities of contractors under ADHS/DBHS contracts, Interagency Service Agreements (ISAs), and Intergovernmental Agreements (IGAs). This manual also specifies Federal Financial Guidelines, Internal Controls, Accounting, System Records and Procedures, Cost Allocation, Matching Guidelines, Expenditure Reporting, Performance Accounting and Audit Procedures.

h. The ADHS/DBHS Financial Reporting Guide is directed to ADHS/DBHS

and T/RBHAs. The purpose of this reporting guide is to identify the monthly, quarterly and annual financial reporting requirements for contracted T/RBHAs and to ensure that financial resources are managed appropriately. The primary objectives of the reporting guide are to establish consistency and uniformity in financial reporting among the T/RBHAs and to provide guidelines to assist the T/RBHAs in meeting contractual reporting requirements.

i. The ADHS/DBHS BQMO Specifications Manual is directed to ADHS/DBHS and T/RBHAs. This manual specifies performance measures, minimum performance standards, the methodology used to measure the performance, whether sampling is appropriate, data collection techniques, quality control requirements, reporting specifications and error rate calculations.

j. The ADHS/DBHS Demographic and Outcome Data Set User Guide provides detailed information for the completion and submission of the demographic data set, which is a set of data elements that T/RBHAs are required to collect and submit to ADHS/DBHS. The demographic data set is reported to ADHS/DBHS through the ADHS/DBHS (CIS) and is used to:

- Monitor and report on enrolled persons' outcomes;
- Comply with federal and state funding and/or grant requirements to ensure continued funding for the behavioral health system;
- Assist with financial-related activities, such as budget development and rate setting;
- Support quality management and utilization management activities; and
- Respond to requests for information.

3. Clinical Guidance Documents

Clinical guidance documents provide guidance to ADHS/DBHS, T/RBHAs and T/RBHA contracted providers by identifying best practices and endorsing specific approaches when providing covered behavioral health services. ADHS/DBHS endorses certain national Clinical Practice Guidelines and develops two types of ADHS/DBHS Clinical Practice Protocols:

a. Clinical Practice Protocols with Required Elements are derived from clinical best practice for improving clinical outcomes for individuals served in Arizona's

behavioral health system. Implementation of the selected best practices is monitored by the Tribal and Regional Behavioral Health Authorities (T/RBHAs) through the use of ADHS/DBHS standardized tools to ensure that service delivery is consistent with the service expectations outlined in the practice protocols.

b. Clinical Practice protocols without Required Elements outline guidelines that promote best practices specific to services provided within Arizona's Behavioral Health System.

c. National Clinical Practice Guidelines are existing national guidelines (e.g., American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, National Association of State Alcohol and Drug Abuse Directors) pertaining to specific behavioral health conditions and treatment approaches that address psychiatric disorders in children, adolescents, and adults.

4. Plans

ADHS/DBHS plans are developed and used to describe business structure and processes and to identify organizational goals related to ADHS/DBHS' core business practices.

Examples include:

a. The ADHS/DBHS Quality Management (QM) Plan describes the ADHS/DBHS QM structure, process and quality improvement initiatives. The QM/UM Plan is directed to ADHS/DBHS and the T/RBHAs and ensures that information and data are utilized to improve behavioral health system performance.

b. The ADHS/DBHS Medical Management/Utilization Management (MM/UM) Plan describes the ADHS/DBHS MM/UM structure and organization. Additionally, the MM/UM plan describes the monitoring and evaluation of ADHS/DBHS and T/RBHA service delivery activities, including over- and under-utilization of services, clinical reviews and care management. The MM/UM plan is directed to ADHS/DBHS and the T/RBHAs.

c. The ADHS/DBHS Cultural Competency Plan is directed to ADHS/DBHS and T/RBHAs and identifies and promotes practices that recognize, respect, and accommodate for the cultural and linguistic needs of behavioral health

recipients.

d. The ADHS/DBHS Strategic Plan is directed to ADHS/DBHS and includes an organized, measurable and accountable approach to accomplishing identified organizational goals related to ADHS/DBHS' core business practices.

e. The ADHS/DBHS Annual Network Development and Management Plan outlines the process to identify and enhance the capacity of the T/RBHA's behavioral health provider networks.

f. The ADHS/DBHS Business Continuity and Recovery Plan describe steps to ensure the continuance of clinical information systems and financial business functions in the event of a disaster.

g. The Title XIX ADHS Children's System of Care Plan describes progress made during a year, as the progress relates to the objectives and goals of the 12 Principles laid out in the Jason K (JK) Settlement Agreement with ADHS/DBHS and the Arizona Health Care Cost Containment System (AHCCCS).

5 Internal ADHS/DBHS Desktop Protocols

ADHS/DBHS´ internal desktop protocols are designed to describe specific implementation steps for performing an assigned departmental function. Internal desktop protocols are directed to the individual ADHS/DBHS department responsible for the identified task or activity.

H. Development and Revision of ADHS/DBHS Documents

1. ADHS/DBHS Policy and Procedures Manual and the ADHS/DBHS Provider Manual

a. Timeframes

All medical policies are reviewed and updated at least annually or more frequent if necessary, by the ADHS/DBHS Medical Director or designee. ADHS/DBHS´ operational, fiscal, programmatic and administrative policies are reviewed at least every two years or more frequently to reflect new requirements or changes to existing requirements.

b. The process for development and revision of policy content for the

ADHS/DBHS Policy and Procedures Manual and the ADHS/DBHS Provider Manuals includes the following steps:

(1) Identify the policy content area and applicable sources/references (e.g. contracts, federal regulations, agency rules);

(2) Conduct research and incorporate relevant requirements and updates into policy;

(3) Secure feedback and recommendations from ADHS/DBHS functional area representatives;

(4) Review policy and solicit recommendations via ADHS/DBHS Policy Committee;

(5) Distribute draft policy to external stakeholders and solicit any comments;

(6) Review external stakeholder comments with ADHS/DBHS Policy Committee, as needed;

(7) Forward revised policy for approval;

(8) Secure appropriate signatures, if applicable;

(9) Disseminate to the T/RBHAs at least 30 days prior to the effective date;

(10) Develop and implement policy training, as necessary;

(11) As applicable, T/RBHAs will add geographic service area (GSA) specific information to content areas within the ADHS/DBHS Provider Manual. ADHS/DBHS reserves the right to require changes to T/RBHA Provider Manuals; and

(12) T/RBHAs disseminate final policies to its providers before the effective date of the policy.

2. Other ADHS/DBHS Documents (excluding the ADHS/DBHS Policy and Procedures Manual and the ADHS/DBHS Provider Manual)

a. Timeframes

All other ADHS/DBHS documents are reviewed and updated as necessary or at least every two years. Each document will indicate the date of the last review.

b. Process for development and revision of content for other ADHS/DBHS documents:

(1) Identify the content area and applicable sources/references;

(2) Conduct research and incorporate relevant requirements and updates into policy;

(3) Secure feedback and recommendations from ADHS/DBHS functional area representatives;

(4) Review content and solicit recommendations from applicable internal staff and external stakeholders; and

(5) Ensure that new document (s) pertaining to Title XIX or Title XXI eligible persons are consistent with AHCCCS required policy content, processes or business practices.

I. Posting and Distribution of ADHS/DBHS Documents

1. ADHS/DBHS documents are distributed to the T/RBHAs when new documents are developed and when current documents are revised.

2. The T/RBHAs will ensure that all applicable documents are made available to all T/RBHA contracted providers including the prompt and accurate communication of applicable ADHS/DBHS document revisions.

3. ADHS/DBHS documents are posted on the ADHS/DBHS Web site as appropriate.

4. The ADHS/DBHS web based edition of ADHS/DBHS documents are updated upon revision. T/RBHAs will receive prompt notification of all changes pertaining to ADHS/DBHS documents posted on the ADHS/DBHS Web site.

5. The T/RBHAs must post the most current T/RBHA specific edition of the Provider Manual on the T/RBHA Web site. T/RBHAs must ensure prompt notification to contracted providers of all changes posted on the T/RBHA Web site. The T/RBHAs must ensure that hard copy versions of the T/RBHA Provider Manual are distributed to all contracted providers that do not have internet access.

J. APPROVED BY:

5/13/2011

Laura K.N elson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

5/12/11

Rodgers Wilson, M.D. Date
Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

POLICY MI 5.2 COMMUNITY SERVICE AGENCIES – TITLE XIX CERTIFICATION

A. PURPOSE: Community Service Agencies (CSAs) were developed by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), in collaboration with the Arizona Health Care Cost Containment System (AHCCCS), to provide rehabilitation, support and transportation services to behavioral health recipients. CSAs are a unique provider type that allow behavioral health recipients to participate in programs and activities in community settings (such agencies could include churches, after school programs or other agencies that serve the general public). CSAs provide services that enhance or supplement behavioral health services that persons receive through other, licensed agencies. Agencies operating licensed programs that provide services or intend to provide services defined in this policy as Tier I or Tier II services must capture these services under their license. Licensed agencies must not apply for Title XIX Certification. This policy provides a standardized process for Title XIX Certification of CSAs, describes the certification application process and Tribal and Regional Behavioral Health Authority (T/RBHA) and ADHS/DBHS review process for approval of CSAs, specifies requirements for the continued operation of CSAs, and establishes T/RBHA responsibilities in auditing and ongoing monitoring of CSAs.

B. SCOPE: ADHS/DBHS, T/RBHAs, T/RBHA providers, (including direct service staff members) and independent contractors providing behavioral health rehabilitation and/or support services through the public behavioral health system.

C. POLICY: T/RBHA providers must be Title XIX Certified by ADHS/DBHS and registered with AHCCCS prior to delivering and billing for behavioral health rehabilitation and/or support services as a CSA. In addition, CSAs must adhere to established requirements to maintain Title XIX Certification.

D. REFERENCES: Section 1128 and 1128 A of the Social Security Act
42 CFR § 438.214
45 CFR Part 162
A.R.S. § 12-981(5)
A.R.S. Title 28, Chapter 9
A.R.S. Title 32, Chapters 15 and 33
A.R.S. § 36-425.03

A.R.S. § 41-1758.03
9 A.A.C. 20
9 A.A.C. 21
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA Intergovernmental Agreements
AHCCCS Medical Policy Manual
AHCCCS Behavioral Health Services Guide
ADHS/DBHS Covered Behavioral Health Services Guide
ADHS/DBHS Policy and Procedure Manual GA 3.6, Complaint Resolution
ADHS/DBHS Provider Manual Section 4.2, Behavioral Health Medical Record Standards
ADHS/DBHS Provider Manual Section 7.1, Fraud and Abuse Reporting

E. DEFINITIONS:

1. Behavioral Health Professional
2. Behavioral Health Technician
3. Behavioral Health Paraprofessional
4. Community Service Agencies (CSAs)
5. Tier I Rehabilitation and Support Services
6. Tier II Rehabilitation and Support Services
7. Applicant
8. Direct service staff member
9. Program Director
10. CSA Contractor

11. Volunteer

12. Behavioral Health Work Experience

13. Clinical Team

F. PROCEDURES:

1. Application for an **Initial** Title XIX Certificate

a. The applicant must complete a ***Community Service Agency Title XIX Certification Application*** (Attachment 1) in accordance with the application instructions and submit it to the T/RBHA with which the agency is contracted or intends to contract. Applications may be obtained from the:

Arizona Department of Health Services/Division of Behavioral Health Services
Policy Office
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007
http://www.azdhs.gov/bhs/policies/mi5-2attach1.pdf

Applications may also be obtained by calling the Policy Office at (602) 364-4672. If the CSA intends to contract with more than one T/RBHA, the CSA must also submit the Intent to Contract form for each additional T/RBHA that will be marked on the CSA Title XIX Certificate (see Attachment 10). **Please note:** In accordance with RBHA contracts and TRBHA intergovernmental agreements (IGAs), T/RBHAs must ensure that applicants are not excluded from participation in Federal health care programs, pursuant to Section 1128 or Section 1128 A of the Social Security Act.

b. The direct service staff and/or contractor(s) must provide the ***Community Service Agency Title XIX Certification Reference Form*** (Attachment 4) that includes contact information for three (3) individuals who will be used as references (and are not family members of the direct service staff member or contractor) and who have knowledge of all of the following: employment history, education and character of the direct service staff member or contractor. It is the responsibility of the CSA applicant to contact the

references and notate the required information for the T/RBHA's review. T/RBHAs may verify information by contacting references directly.

c. The T/RBHA must review the ***Community Service Agency Title XIX Certification Application*** for accuracy and completeness of all required documents before submitting the application to the ADHS/DBHS Policy Office.

d. ADHS/DBHS must be in receipt of a complete ***Community Service Agency Title XIX Certification Application*** before considering Title XIX certification of the applicant. Incomplete application packets and packets with illegible documentation will be returned to the T/RBHA CSA representative for follow up with the applicant.

e. After reviewing the application packet, ADHS/DBHS will render a Title XIX Certification approval or denial decision in writing. In determining whether to award a Title XIX Certification to the applicant, ADHS/DBHS will consider information provided in the application that reflects the applicant's ability, knowledge, and fitness to provide the service(s) and all other available information.

1. If approved, ADHS/DBHS must send a ***Community Service Agency Title XIX Certificate*** (Attachment 8) to the applicant within thirty (30) calendar days of the ADHS/DBHS receipt of a complete ***Community Service Agency Title XIX Certification Application*** packet.

2. The T/RBHA(s) with which the applicant intends to contract will be notified in writing of the approval decision. All T/RBHAs will be notified in writing of a denial decision.

3. The applicant must receive approval from ADHS/DBHS of the qualifications of each direct service staff member or contractor. Direct service staff members hired in the time period between submission of applications must meet all requirements and receive all trainings before providing services.

4. The applicant must register with AHCCCS as a Community Service Agency provider type and contract with a T/RBHA before

billing for Title XIX/XXI reimbursable services. A registration packet may be obtained from the following link: http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp. Documentation submitted to AHCCCS for registration must be consistent with information provided on the application submitted to the ADHS/DBHS Policy Office to avoid unnecessary delay in obtaining a provider identification number.[1]

f. Applicants that are establishing more than one CSA location must submit an application for each location.

2. Application for **Renewal** of a Title XIX Certificate

a. ADHS/DBHS must send a notice of renewal to the T/RBHA ninety (90) calendar days prior to the expiration date of the Community Service Agency Title XIX Certificate.

b. When more than one T/RBHA contracts with a CSA, the T/RBHAs must coordinate submission of the CSA renewal application. The RBHA that has the CSA located within its GSA is responsible for submitting the application to ADHS/DBHS and ensuring that the other T/RBHA(s) receive any necessary documentation. If a CSA contracts with a TRBHA, the TRBHA may process the application, as agreed upon with other T/RBHAs.

c. The applicant must submit the completed ***Community Service Agency Title XIX Certification Application*** form to the T/RBHA sixty (60) calendar days prior to the expiration date of a current Community Service Agency Title XIX Certificate. All information with an expiration date is considered current if the expiration date falls after the submittal date of the application by the CSA to the T/RBHA. Items/requirements that are subject to renewal are expected to be renewed/updated as required and will be verified during the T/RBHA Certification Audit.

d. The T/RBHA will review the completed ***Community Service Agency Title XIX Certification Application*** form for requirements and completeness. All documentation, such as copies of driver's licenses, must be easy to read.

[1] Per federal mandate, health care providers must obtain a National Provider Identification Number (NPI).

e. Not less than thirty (30) calendar days prior to the expiration date of a current Community Service Agency Title XIX Certificate, the T/RBHA must submit the completed ***Community Service Agency Title XIX Certification Application*** form to the ADHS/DBHS Policy Office.

f. ADHS/DBHS and the T/RBHA must follow steps F. (1)(e)(1)-(3) of this policy, as applicable.

g. CSAs that do not submit renewal applications in a timely manner are subject to termination of the CSA's AHCCCS Provider Identification number. Certification status and AHCCCS Provider Identification will not be impacted by delays that result from the T/RBHA or ADHS/DBHS review of the application.

3. Application for an **Amended** Certificate

a. An applicant must request an amendment to the Community Service Agency Title XIX Certificate, using the ***Community Service Agency Title XIX Certification Amendment*** (Attachment 3), when any of the following information or circumstances occur:

(1) Change in agency name, address or telephone number;

(2) Addition or removal of a rehabilitation or support service (Attachment 1);

(3) Addition of service provision to persons under the age of 18 (fingerprint clearance cards are required with this change);

(4) Change in the provider's tax identification number;

(5) Change in ownership or program director; and/or

(6) Adding or removing a T/RBHA to a current Community Service Agency Title XIX Certificate. The Intent to Contract form (Attachment 10) must be included in the application for an Amended Certificate.

b. The applicant must file a request for amendment using the ***Community Service Agency Title XIX Certification Amendment*** (Attachment 3) at least thirty (30) calendar days before the change, unless the request for an

amendment is due to a change in address. A request for amendment, due to a change in address, must be submitted upon obtaining the Occupancy Permit and a current passing fire inspection.

c. When adding a rehabilitation and/or support service listed on the initial Community Services Agency Title XIX Certification Application (Attachment 1), the applicant must submit required documentation for each direct service staff member or contractor according to the application instructions.

d. Changes must also be communicated to the AHCCCS Provider Registration Office: 602-417-7670.

e. ADHS/DBHS and the T/RBHA must follow steps F(1)(e)(1)-(3) of this policy, as applicable.

4. Maintenance of a Community Service Agency Title XIX Certificate

a. During the term of the Title XIX Certification, the T/RBHA must ensure that the subcontracted provider keeps the following requirements current for existing staff or contractors, as well as any individuals added in the interval between application and renewal or between subsequent renewal periods:

(1) For direct service staff members or contractors providing services to persons under the age of 18 years, a current ***Department of Public Safety Fingerprint Clearance Card*** or an ***Applicant Fingerprint Clearance Card Application*** with a notarized ***Criminal History Affidavit*** (Attachment 5);

(2) For direct service staff members or contractors providing services to persons aged 18 and older, a completed and notarized ***ADHS/DBHS Self Declaration of Criminal History*** form (Attachment 6) every three (3) years from the date of the initial Self declaration; and

(3) Records as outlined in Exhibit 2 of this policy.

b. If a CSA no longer intends to deliver services or deliver services as a CSA, the CSA must notify the ADHS/DBHS Policy Office in writing at least thirty (30) calendar days in advance of the last date the service will be offered. If a T/RBHA determines that a rehabilitation and/or support service will no longer

be contracted, the T/RBHA must notify the ADHS/DBHS Policy Office in writing at least thirty (30) calendar days in advance of the contract termination date. ADHS/DBHS will notify AHCCCS of the change(s). T/RBHAs and CSAs must coordinate the transition of behavioral health recipients. T/RBHAs must adhere to reporting and notification requirements established in RBHA contracts and TRBHA IGAs to ensure that network changes are communicated and transition plans are implemented for the continuation of services to behavioral health recipients.

5. Required Documents and Information for Title XIX Certification Application.

Exhibit 1

The following documents and information are required for Title XIX Certification Applications:

Provider Information			
Requirement	**Initial**	**Renewal**	**Amendment**
1. Type of application	x	x	x
2. Date of application	x	x	x
3. Name of provider	x	x	x
4. Provider phone number	x	x	x
5. Provider e-mail address	x	x	x
6. Provider facility address	x	x	x
7. Provider mailing address	x	x	x
8. Program Director's name, credentials and phone number	x	x	x
9. T/RBHAs with which applicant intends to contract (initial) or with which it contracts (renewal and amendment)[2]	x	x	x
10. Provider social security number or tax identification number	x	x	x
11. Copy of provider incorporation documents	x		
12. Copy of provider charter, if any	x		
13. For each building at which rehabilitation and/or support services are to be provided: a. Copy of an official current passing fire inspection[3] b. Copy of Occupancy Permit *If submitting an amendment for a change of address, a copy of the fire and occupancy permit for the new location must also be submitted	x	a. Every 2 years b. If changed after initial application or between renewal applications	x*

[2] CSAs/Applicants will utilize the Intent to Contract form to verify the intent of the T/RBHA to contract with the CSA/Applicant.
[3] CSAs/Applicants will need to contact the local fire inspection authority to ensure that an official fire inspection is obtained.

14. A list of specific services for which the application is made	x	x	x
15. List of direct service staff members or contractors who will provide each rehabilitation or support service	x	x	
16. AHCCCS provider identification number/National Provider Identification (NPI), when registered with AHCCCS as a Community Service Agency		x	x

Exhibit 2

In addition to the provider information listed above, for each direct service staff member or contractor, the following information must be submitted as part of the Community Service Agency's Title XIX Certification application:

For Each Direct Service Staff Member or Contractor			
Requirement	**Initial**	**Renewal**	**Amendment**
1. Credible evidence[4] of age 18 or older to provide Unskilled Respite, Personal Care, Self-help/Peer Service, Comprehensive Community Support Services, Ongoing Support to Maintain Employment, or Psychoeducational Services.	x		x
2. Credible evidence[4] of age 21 or older to provide Behavioral Health Prevention/Promotion Education, Skills Training, Home Care Training Family or Supervised Behavioral Health Day Treatment or Supervised Day Program services.	x		x
3. Reference form with contact information for three individuals using the ***Community Service Agency Title XIX Certification Reference Form*** (Attachment 4).	x	x	x
4. Copy of current driver's license if the direct service staff member, or contractor will be providing transportation services.	x	x	x
5. Copy of current vehicle registration if the direct service staff member, or contractor will be providing transportation services.	x	x	x
6. Copy of insurance card indicating current liability insurance coverage for the direct service staff member, or contractor pursuant to A.R.S. 28-4009 if the direct service staff member or contractor will be providing transportation services.	x	x	x
7. Credible evidence[5] of one or more of the following current credentials if providing Tier I Services: Behavioral Health Professional; Behavioral Health Technician; or	x	x	x

[4] Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver's license.

[5] Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.

For Each Direct Service Staff Member or Contractor			
Requirement	**Initial**	**Renewal**	**Amendment**
Behavioral Health Paraprofessional.			
8. Credible evidence[5] of one or more of the following current credentials if providing Behavioral Health Prevention/Promotion Education services: Behavioral Health Professional or Behavioral Health Technician.	x	x	x
9. Credible evidence[5] of one or more of the following current credentials with one year experience in providing rehabilitation services to persons with disabilities if providing Psychoeducational Service or Ongoing Support to Maintain Employment Services: Behavioral Health Technician or Behavioral Health Paraprofessional.	x	x	x
10. Credible evidence[6] of completion of required, T/RBHA approved training prior to delivering services to clients in the content areas listed below (see also Provider Manual Section 9.1, Training Requirements): a. Client rights;	x	x[6]	x
b. Providing services in a manner that promotes client dignity, independence, individuality, strengths, privacy and choice;	x	X[6]	x
c. Recognizing common symptoms of and differences between a mental disorder, personality disorder, and/or substance abuse;	x	X[6]	x
d. Protecting and maintaining confidentiality of client records and information;	x	X[6]	x
e. Recognizing, preventing or responding to a client who may be a danger to self or a danger to others; behave in an aggressive or destructive manner; need crisis services or be experiencing a medical emergency;	x	X[6]	x
f. Record keeping and documentation; and	x	X[6]	x
g. Ethical behavior such as staff and client boundaries and the inappropriateness of receiving gratuities from a client.	x	X[6]	x
11. Copy of current Cardiopulmonary Resuscitation (CPR) certification[7] (must be current as of the Title XIX CSA application submission date)	x	x	x
12. Copy of current First Aid training verification[7] (must be current as of the Title XIX CSA application submission date)	x	x	x

[6] Training documentation submitted at renewal application is for direct service staff or contractors hired after the previously submitted application. Credible evidence of training must clearly indicate to reviewers of the application that direct service staff or contractors have received training in the specified content areas (i.e., training with different titles must be matched up to the trainings listed in this policy). All training documentation must be signed and dated by the trainer or individual designated to confirm training documentation.

[7] CPR and First Aid verification must include documentation signed by the instructor.

For Each Direct Service Staff Member or Contractor			
Requirement	**Initial**	**Renewal**	**Amendment**
13. Credible documentation of current freedom from infectious pulmonary tuberculosis[8] (must be current as of the Title XIX CSA application submission date)	x	X	x
14. If providing direct services to persons under 18 years of age: a. Copy of dated and signed ***Department of Public Safety Fingerprint Clearance Card***, **OR** b. Credible evidence of application for a fingerprint clearance card within 7 calendar days of the date of staff employment or contractor start date, e.g., copy of the completed ***Applicant Fingerprint Clearance Card Application*** and when received, a copy of the ***Fingerprint Clearance Card***. **AND** c. Copy of the direct service staff member or contractor's completed and notarized ***Criminal History Affidavit Form*** (Attachment 5).	x	X[9]	x
15. If providing direct services to persons aged 18 years or older, a copy of the direct service staff member's, or contractor's completed and notarized ***Self Declaration of Criminal History*** (Attachment 6).	x	x	x

[8] Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation must be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.

[9] If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years (Department of Public Safety: http://www.azdps.gov)

6. Denials, Suspension, or Revocation of a Community Service Agency Title XIX Certificate

a. ADHS/DBHS may deny, suspend, or revoke a Community Service Agency Title XIX Certificate or an amendment to a certificate for any one or combination of the following:

(1) An applicant or CSA does not provide information as required in this policy;

(2) An applicant or CSA hires direct service staff members who do not meet the requirements in this policy and allows these staff members to provide services;

(3) An applicant or CSA submits falsified documents or provides other information that appears fraudulent (see Provider Manual Section 7.1, Fraud and Abuse Reporting);

(4) An applicant or CSA is suspected of abuse of Title XIX funds (see Provider Manual Section 7.1, Fraud and Abuse Reporting);

(5) The CSA changes to another provider type or the AHCCCS provider registration is terminated;

(6) The applicant or CSA provides services that are not allowable CSA services (i.e., services that require licensure);

(7) The T/RBHA terminates the contract for the provision of CSA services with the CSA;

(8) An applicant or CSA is out of compliance with the provisions of this policy; and/or

(9) There is an identified threat to the health, safety or welfare of behavioral health recipients.

b. ADHS/DBHS may deny or revoke a Community Service Agency Title XIX Certification if a direct service staff member or contractor is subject to registration as a sex offender in this state or any other jurisdiction or who has been convicted of, pled no contest to, or is awaiting trial on any of the following criminal acts:

(1) First or second degree murder;

(2) Sexual abuse;

(3) Incest;

(4) A dangerous crime against children as defined in A.R.S. § 13-604.01;

(5) Child prostitution as prescribed in A.R.S. § 13-3212;

(6) Child abuse;

(7) Neglect or abuse of a vulnerable adult;

(8) Abuse of a vulnerable adult;

(9) Sexual abuse of a vulnerable adult;

(10) Sexual assault;

(11) Sexual exploitation of a minor;
(12) Sexual exploitation of a vulnerable adult;

(13) Commercial sexual exploitation of a minor;

(14) Commercial sexual exploitation of a vulnerable adult;

(15) Sexual conduct with a minor;

(16) Molestation of a child;

(17) Molestation of a vulnerable adult;

(18) Exploitation of minors involving drug offenses;

(19) Taking a child for the purposes of prostitution as prescribed in section 13-3206;

(20) Sex trafficking;

(21) Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502;

(22) Furnishing harmful items to minors as prescribed in section 13-3506;

(23) Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01;

(24) Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512;

(25) Luring a minor for sexual exploitation;

(26) Enticement of persons for purposes of prostitution;

(27) Procurement by false pretenses of persons for purposes of prostitution;

(28) Procuring or placing persons in a house of prostitution;

(29) Receiving earnings of a prostitute;

(30) Causing one's spouse to become a prostitute;

(31) Detention of persons in a house of prostitution for debt;

(32) Keeping or residing in a house of prostitution or employment in prostitution;

(33) Pandering;

(34) Transporting persons for the purpose of prostitution, polygamy or concubinage;

(35) Portraying adult as a minor as prescribed in section 13-3555;

(36) Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.

c. Upon notification that a direct service staff member or contractor is found to have been convicted of, pled no contest to, or is awaiting trial on any of the criminal acts listed in F(6)(b)(1) - (36) above, a Community Service Agency must immediately take the following actions:

(1) Remove the staff or contractor from direct contact with clients;

(2) Prohibit the individual from rendering services to clients;

(3) Prevent further authorization for services provided by the individual; and

(4) Notify the ADHS/DBHS Policy Office.

d. If the reason for denial, suspension, or revocation of a Title XIX Certificate involves a threat to the health, welfare or safety of clients, the Community Service Agency must not render services to any clients.

e. Denial, revocation, and suspension notice will be provided by means of a letter from the ADHS/DBHS Deputy Director to the applicant or CSA with a copy to all T/RBHAs that hold contracts with the applicant or CSA. The T/RBHA(s) will take necessary steps to ensure continuity of care.

7. Corrective Action Plan

a. In lieu of a revocation or suspension, ADHS/DBHS may require a Community Service Agency to implement a corrective action plan to correct Title XIX Certification deficiencies when:

(1) Allowing the agency to continue services is in the best interests of the clients; and

(2) The health, safety or welfare of clients will not be jeopardized.

b. The following conditions are examples or situations which may result in a request for corrective action:

(1) A certificate in CPR or training in first aid for a direct service staff or contractor is not current;

(2) Written documentation of an orientation to the specific needs of each client is not available (i.e., CSAs must have a copy of the individual's service plan in the person's record);

(3) Required training is not documented or not completed;

(4) A passing fire inspection is not obtained every two years from the initial fire inspection; or

(5) Failure to maintain the records in Exhibit 2 of this policy.

c. ADHS/DBHS must notify in writing the Community Service Agency and T/RBHA(s) with which the agency holds a contract of each Title XIX Certification deficiency, the corrective action to be taken, and the deadlines for all corrective actions using the ***Community Service Agency Title XIX Certification Notice of Deficiency*** form (Attachment 7). T/RBHAs may also utilize this form while conducting the T/RBHA review for completeness and accuracy of the CSA application.

d. The Community Service Agency must develop and submit corrective action plans to the ADHS/DBHS Policy Office or the T/RBHA, if applicable. A copy of the corrective action plan requested by ADHS/DBHS must be sent to the T/RBHA.

e. If the Community Service Agency does not provide ADHS/DBHS with written documentation showing the completion of corrective action by the deadlines in the notice of deficiency, ADHS/DBHS may revoke or suspend the agency's Title XIX certification.

f. ADHS/DBHS decision to require a corrective action plan is not subject to the appeal rights contained in section F.8. of this policy.

g. T/RBHAs may also require CSAs to implement corrective action plans based on deficiencies identified during the renewal application process, based on results from the T/RBHA Certification Audit or from deficiencies identified during the T/RBHAs' ongoing monitoring activities.

8. Right to Appeal a Community Service Agency Title XIX Certification Decision

a. A CSA or new applicant may appeal a denial, revocation or suspension of Title XIX Certification.

b. ADHS/DBHS must provide written notice at the time of the action to the applicant or Community Service Agency of the right to appeal the decision.

c. An appeal of the denial, suspension or revocation decision must be sent within sixty (60) days of the decision to the ADHS/DBHS Office of Grievance and Appeals:

150 N. 18th Avenue, Suite 210
Phoenix, AZ 85007

d. When a Community Service Agency or applicant appeals the decision to suspend or revoke a Title XIX Certification in a timely manner, revocation or suspension must not become effective until the final administrative or judicial decision is rendered. If, however, a credible threat to a person's health, welfare or safety is evidenced, revocation or suspension will be immediate.

9. Complaints

a. Complaints regarding dissatisfaction with any aspect of care will be processed in accordance with Policy and Procedure Manual GA 3.6, Complaint Resolution.

b. Any person who has a complaint alleging a violation of this policy about a Community Service Agency (such as, complaints alleging that direct service staff members do not meet qualifications or allegations that a CSA is providing services that the CSA is not authorized to provide under the CSA certification) may register an oral or written complaint with the ADHS/DBHS Policy Office.

c. If the complainant provides his or her name and address at the time the complaint is registered, if requested, the ADHS/DBHS Policy Office must, within thirty (30) calendar days, send the complaining party notice that the complaint was received and of the action to be taken regarding the complaint.

d. The ADHS/DBHS Policy Office may resolve a complaint without conducting an investigation when:

(1) There is no dispute of the facts alleged in the complaint;

(2) The allegation is frivolous meaning that it:

(a) Involves an issue that is not within the scope of the provision of behavioral health services;

(b) Could not possibly have occurred as alleged; or

(c) The matter may be resolved fairly and efficiently within five (5) days without a formal investigation.

e. The ADHS/DBHS Policy Office must investigate complaints about the Community Service Agency within fifteen (15) calendar days of the receipt of the complaint.

e. The ADHS/DBHS Policy Office must notify all T/RBHAs and the Community Service Agency that an investigation is in progress and provide an opportunity for the Community Service Agency and T/RBHA to relate any information known regarding the complaint.

f. If the ADHS/DBHS Policy Office has reasonable cause to believe that imminent danger exists, the ADHS/DBHS Policy Office must conduct the investigation immediately, report to the appropriate authorities, if applicable, and provide notice to the T/RBHA and Community Service Agency that an investigation is in progress.

h. The ADHS/DBHS Policy Office must notify the T/RBHA and the Community Service Agency of the results of an investigation through a summary of the investigative findings and any corrective action.

i. Complaints are not considered a formal grievance or appeal. A grievance or appeal may be filed with the RBHA or the ADHS/DBHS Office of Grievance and Appeals, as applicable, pursuant to ADHS/DBHS policies.

10. Records

a. The contracting T/RBHA(s) must require that each Community Service Agency maintain records of all requirements indicated on the CSA Title XIX Certification application for all direct service staff members and contractors.

b. The T/RBHA must require that Community Service Agency personnel and/or clinical records conform to the following standards indicated in this policy

(see also Provider Manual Section 4.2, Behavioral Health Medical Record Standards):

(1) Each record entry must be;

(a) Dated and signed with credentials noted,

(b) Legible,

(c) Typed or written in ink, and

(d) Factual and correct.

(2) If required records are kept in more than one location, the Community Service Agency must maintain a list indicating the location of the records; and

(3) Community Service Agencies must maintain a record of the services provided to each behavioral health recipient. The minimum written requirement for each behavioral health recipient's record must include:

(a) The service provided (including the code used for billing the service) and the time increment;

(b) The date the service was provided;

(c) The name and title of the person providing the service;

(d) The client's T/RBHA or CIS identification number and AHCCCS identification number. T/RBHAs must ensure that services provided by CSAs are reflected in behavioral health recipients' service plans. CSAs must keep a copy of each behavioral health recipient's service plan in the person's record.

(e) Daily documentation of the service(s) provided and monthly summary of progress toward treatment goals.

(f) Attachment 9 is the format that must be utilized to meet the requirements identified in F.10.b.(4) (a)-(e).

(4) Each thirty (30) days, a summary of the information required in F.10.b.(4)(a)-(e) must be transmitted from the Community Service Agency to the person's case manager or other clinical team representative.

11. Certification Audit of Title XIX Certified Community Service Agency

a. The T/RBHA must conduct a certification audit of the Community Service Agency at least every contract year (i.e., July 1 through June 30), or more often, if determined necessary by the T/RBHA. When more than one T/RBHA contracts with a CSA, the RBHA that has the CSA located within its GSA is responsible for conducting the audit and sharing the results with the other T/RBHA(s). If a CSA contracts with a TRBHA, the TRBHA may conduct the certification audit, as agreed upon with other T/RBHAs.

b. Each T/RBHA must have the ADHS/DBHS Policy Office review and approve the T/RBHA's Certification Audit Tool prior to implementing the tool. The tool must contain, at a minimum, standards covering all requirements for staff qualifications and all requirements for client records, as contained in this policy. If the tool does not contain a description or explanation of the audit evaluation process, a description of the evaluation process must also be submitted to the ADHS/DBHS Policy Office. Any changes made to the tool after receiving initial approval from the ADHS/DBHS Policy Office will need to be resubmitted to the ADHS/DBHS Policy Office for review and approval before its use.

c. The T/RBHA must schedule the certification audit at least thirty (30) calendar days in advance of the audit start date.

d. The Community Service Agency must cooperate with the certification audit by:

(1) Making available to the T/RBHA personnel records that include all updated information required for the CSA Title XIX Certification application;

(2) Making available to the T/RBHA all requested clinical records;

(3) Allowing the T/RBHA to interview direct service staff members and contractors; and

after receiving initial approval from the ADHS/DBHS Policy Office will need to be resubmitted to the ADHS/DBHS Policy Office for review and approval before its use.

c. The T/RBHA must schedule the certification audit at least thirty (30) calendar days in advance of the audit start date.

d. The Community Service Agency must cooperate with the certification audit by:

(1) Making available to the T/RBHA personnel records that include all updated information required for the CSA Title XIX Certification application;

(2) Making available to the T/RBHA all requested clinical records;

(3) Allowing the T/RBHA to interview direct service staff members and contractors; and

(4) Participating in the certification audit entrance and exit conference with T/RBHA employees.

e. T/RBHAs must provide the ADHS/DBHS Policy Office with results (reports and any other relevant information) of the Certification Audit no later than 30 days after the completion of the audit

G. APPROVED BY:

Eddy D. Broadway
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification
INITIAL APPLICATION

Provider Information

Applicants must submit an application for each provider facility

Date of Application: _____/_____/_____

AHCCCS Provider ID #:_____

National Provider Identification (NPI): _____

Provider Name:

Provider Phone Number: ( ) _____ - _____

Provider E-Mail Address: _____

Provider Administrative Address (if applicable):

Street _____

City: _____ State: _____

Zip: _____ County: _____

Provider Facility Address[1]:

Street _____

City: _____ State: _____

Zip: _____ County: _____

Provider Mailing Address:

Street _____

City: _____ State: _____

Zip: _____ County: _____

Program Director:

Name:_____

Credentials:_____

Phone Number:_____

Tax ID#:_____

OR

Social Security Number:_____

Please mark a "C" for each T/RBHA the applicant has a contract with and an "I" for each T/RBHA the applicant intends to contract with.

_ CPSA-3 __ Cenpatico-4

_ CPSA-5 _ NARBHA

_ Cenpatico-2 _ Magellan

__ Navajo Nation _ Gila River Tribal RBHA

_ Pascua Yaqui Tribal RBHA __ White Mountain Apache Tribal RBHA

Provider Enclosures

Enclose the following with this application: (***please check the box beside each document enclosed)***

_ copy of provider incorporation documents

_ copy of provider charter, if any

_ copy of Occupancy Permit for provider facility address

_ copy of an official current passing fire inspection
Fire inspection required every two years for renewal certification

Services Provided

Check all services below that your agency provides for which you request Title XIX Certification:

__ Transportation (see the ADHS/DBHS Covered Behavioral Health Services Guide for service codes)
__ Unskilled Respite S5150, S5151
__ Self-help/Peer Service (Individual - H0038, Group -H0038HQ)
__ Comprehensive Community Support Services (Peer Support) H2016
__ Support to Maintain Employment H2025, H2026
__ Supervised Behavioral Health Day Treatment H2012
__ Comprehensive Community Support (Supervised Day) H2015
__ Personal Care T1019 or T1020

[1] This is the service address where staff will be providing services. If staff will be providing services off-site at non-CSA facilities, please attach the list of off-site addresses (not including home addresses) where staff will be providing services.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

__ Home Care Training Family S5110
__ Psychoeducational Service H2027
__ Skills Training (Individual - H2014, Group - H2014HQ)
__ Psychosocial Rehabilitation H2017
__ BH Prevention/Promotion Education H0025

Check the following age groups for which your agency will be providing services:

____ 0-12 ____ 13-17 ____ 18 and older

CPR certificates for direct care staff and contractors must cover the age groups for which they will be providing services.

PROGRAM DESCRIPTION

Please describe the purpose, goals and objectives of the program, including the populations that will be served (i.e, children, SMI Adults).

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
DIRECT SERVICE STAFF MEMBER/CONTRACTOR LIST

Name of Direct Service Staff Member or Contractor	Hire Date	CPR Certification Date	First Aid Certification Date	Fingerprint Clearance Card Date (if applicable)	Self Declaration of Criminal History Date (if applicable)	Services Provided BHP, BHT OR BHPP	Services Provided Must be BHP, BHT or BHPP with one year experience in providing rehabilitation services to persons with disabilities	Services Provided Must be BHP or BHT
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education

I attest that the staff members listed above will be providing only the services indicated on this form.

______________________________________ ____________

Signature of Program Director Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

Direct Service Staff/Contractor Checklist

Complete the Direct Service Staff/Contractor Checklist for each direct service staff member or contractor listed

Name of provider: _____

Location(s) where staff will be providing services (if staff member or contractor will be providing services at more than one location): _____

Attach all credible evidence/documentation to this form

- ☐ Credible proof of age 18 or older/age 21 or older (See Exhibit 2 of Policy MI 5.2, Community Service Agencies – Title XIX Certification for requirements related to specific services. Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver's license.)
- ☐ Reference form
- ☐ Copy of current driver's license (if providing transportation services)
  - ☐ Copy of current vehicle registration (for vehicle used to provide transportation services)
  - ☐ Copy of current liability insurance as required by A.R.S. 28-4009 (for vehicle used to provide transportation services)
- ☐ Credible evidence of meeting the requirements of a behavioral health professional, behavioral health technician or behavioral health paraprofessional (Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.)
- ☐ Credible evidence of one year work experience in providing rehabilitation services to persons with disabilities, if providing Ongoing Support to Maintain Employment and/or Psychoeducational Services (Credible evidence must be specific and clear documentation, indicating location and dates of staff or contractor's experience).
- ☐ Copy of Fingerprint Clearance Card, if providing services to persons under the age of 18 years (If a fingerprint clearance card has not been recently obtained, the provider is strongly encouraged to contact the Department of Public Safety, Fingerprinting Division, to ensure that the card is valid. As per A.R.S. § 41-1758.05, a person who knowingly falsifies a material fact or who makes or uses a false fingerprint clearance card knowing the false fingerprint clearance card contains a false, fictitious or fraudulent statement is guilty of a class 3 misdemeanor. If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years - Department of Public Safety: http://www.azdps.gov. Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)
- ☐ Copy of DPS Form 802-06857 Applicant Fingerprint Clearance Card Application and copy of the completed and notarized State of Arizona Criminal History Affidavit form, if providing services to persons under the age of 18 years and does not have a Fingerprint Clearance Card (Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)
- ☐ Copy of the completed and notarized ADHS/DBHS Self-Declaration of Criminal History form, if providing services to persons age 18 and older.
- ☐ Copy of current Cardiopulmonary Resuscitation (CPR) Certificate signed by the instructor (If the CPR Certificate provided indicates that it is valid for infants/children, it will be accepted for staff and contractors who are only working with persons under the age of 18. If the CPR Certificate indicates that it is valid for adults, it will be accepted for staff and contractors who

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

are only working with persons aged 18 and older.)
☐ Copy of First Aid training verification signed by the instructor
☐ Credible evidence of current freedom from infectious pulmonary tuberculosis (Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation shall be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.)

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

Direct service staff and contractors must complete all trainings listed below ***prior to providing direct services to behavioral health recipients***. Credible evidence of training must clearly indicate to reviewers of the application that direct service staff or contractors have received training in the specified content areas (i.e., training with different titles must be matched up to the trainings listed below).

Training Content	Date of Completion	Name of Person/Organization that provided training
Client rights		
Providing services in a manner that promotes client dignity, independence, individuality, strengths, privacy and choice		
Recognizing common symptoms of and differences between a mental disorder, personality disorder, and/or substance abuse		
Protecting and maintaining confidentiality of client records and information		
Record keeping and documentation		
Ethical behavior such as staff and client boundaries and the inappropriateness of receiving gratuities from a client		
Recognizing, preventing or responding to a client who may be a danger to self or a danger to others; behave in an aggressive or destructive manner; need crisis services or be experiencing a medical emergency		

Signatory Information
By signing below, I affirm under penalty of law that the information provided on this form is true, accurate, and complete to the best of my knowledge.
_____ _____ Signature of Provider Director/Title Date By signing below, I affirm that the information provided has been reviewed for completeness and accuracy. _____ _____ Signature of T/RBHA Reviewer Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification Initial Application Instructions

Complete all sections of the application form and enclose all required forms, certifications, permits, inspections, and documents with the application form. Documents that are purchased online and are not obtained through the applicable authority will not be considered as official or credible documentation.

The provider Director signs and dates the application form and indicates his/her title on the form.

The completed application is mailed or hand delivered to the T/RBHA with which the provider plans to contract.

Community Partnership of Southern Arizona	535 N. Wilmot, Suite 201 Tucson, AZ 85711
Cenpatico Behavioral Health of Arizona	1501 W Fountainhead Corporate Park Suite 295 Tempe, Arizona 85280
Northern Arizona Regional Behavioral Health Authority	1300 S. Yale Street Flagstaff, Arizona 86001
Magellan of Arizona	4129 E. Van Buren Street, Suite 250 Phoenix, Arizona 85008
Gila River Tribal Community	Department of Health Services Behavioral Health Care Clinic/RBHA P.O. Box 38 Sacaton, Arizona 85247
The Navajo Nation	P.O. Box 2505 Window Rock, Arizona 86515
Pascua Yaqui Tribe	Pascua Yaqui Tribal RBHA 7474 South Camino DeOeste Tucson, Arizona 85757
White Mountain Apache Tribe	PO Box 1089 249 W. Ponderosa Drive Whiteriver, AZ 85941

The T/RBHA reviews the proposed provider's application for completeness, and the T/RBHA reviewer signs the application. Once it is determined that the application is complete, the T/RBHA forwards the completed application packet to:

Arizona Department of Health Services
Division of Behavioral Health Services
Attention: Policy Office
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification
RENEWAL APPLICATION

Provider Information

Applicants must submit an application for each provider facility

Date of Renewal: _____/_____/_____

AHCCCS Provider ID #:_____

National Provider Identification (NPI): _____

Provider Name:

Provider Phone Number: ( ) _____ - _____

Provider E-Mail Address: _____

Provider Administrative Address (if applicable):

Street_____

City: _____ State: _____

Zip: _____County: _____

Provider Facility Address[1]:

Street _____

City: _____ State: _____

Zip: _____ County: _____

Provider Mailing Address:

Street _____

City: _____ State: _____

Zip: _____ County: _____

Program Director:

Name:_____

Credentials:_____

Phone Number:_____

Tax ID#:_____

OR

Social Security Number:_____

Please mark a "C" for each T/RBHA the applicant has a contract with and an "I" for each T/RBHA the applicant intends to contrac with.

__ CPSA-3 __ Cenpatico-4

__ CPSA-5 __ NARBHA

__ Cenpatico-2 __ Magellan

__ Navajo Nation __ Gila River Tribal RBHA

__ Pascua Yaqui Tribal RBHA __ White Mountain Apache Tribal RBHA

Provider Enclosures

Enclose the following with this application: (***please check the box beside each document enclosed)***

__ copy of provider incorporation documents

__ copy of provider charter, if any

__ copy of Occupancy Permit for provider facility address

__ copy of an official current passing fire inspection
Fire inspection required every two years for renewal certification

Services Provided

Check all services below that your agency provides for which you request Title XIX Certification:

__ Transportation (see the ADHS/DBHS Covered Behavioral Health Services Guide for service codes)
__ Unskilled Respite S5150, S5151
__ Self-help/Peer Service (Individual - H0038, Group -H0038HQ)
__ Comprehensive Community Support Services (Peer Support) H2016
__ Support to Maintain Employment H2025, H2026
__ Supervised Behavioral Health Day Treatment H2012
__ Comprehensive Community Support (Supervised Day) H2015
__ Personal Care T1019 or T1020
__ Home Care Training Family S5110

[1] This is the service address where staff will be providing services. If staff will be providing services off-site at non-CSA facilities, please attach the list of off-site addresses (not including home addresses) where staff will be providing services.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

__ Psychoeducational Service H2027
__ Skills Training (Individual - H2014, Group - H2014HQ)
__ Psychosocial Rehabilitation H2017
__ BH Prevention/Promotion Education H0025

Check the following age groups for which your agency will be providing services:

____ 0-12 ____ 13-17 ____ 18 and older

CPR certificates for direct care staff and contractors must cover the age groups for which they will be providing services.

PROGRAM DESCRIPTION

Please describe the purpose, goals and objectives of the program, including the populations that will be served (i.e, children, SMI Adults).

Attachment 2

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
DIRECT SERVICE STAFF MEMBER/CONTRACTOR LIST FOR RENEWAL APPLICATION

Name of Direct Service Staff Member or Contractor	Hire Date	CPR Certification Date	First Aid Certification Date	Fingerprint Clearance Card Date (if applicable)	Self Declaration of Criminal History Date (if applicable)	Services Provided BHP, BHT OR BHPP	Services Provided Must be BHP, BHT or BHPP with <u>one year experience</u> in providing rehabilitation services to persons with disabilities	Services Provided Must be BHP or BHT
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education

I attest that the staff members listed above will be providing only the services indicated on this form.

_______________________________________ ____________
Signature of Program Director Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

Direct Service Staff/Contractor Checklist

Complete the Direct Service Staff/Contractor Checklist and Training form for each direct service staff member or contractor listed

Name of provider: _____

Location(s) where staff will be providing services (if staff member or contractor will be providing services at more than one location): _____

Attach all credible evidence/documentation to this form

- ☐ Credible proof of age 18 or older/age 21 or older (See Exhibit 2 of Policy MI 5.2, Community Service Agencies – Title XIX Certification for requirements related to specific services. Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver's license.)
- ☐ Reference form
- ☐ Copy of current driver's license (if providing transportation services)
  - ☐ Copy of current vehicle registration (for vehicle used to provide transportation services)
  - ☐ Copy of current liability insurance as required by A.R.S. 28-4009 (for vehicle used to provide transportation services)
- ☐ Credible evidence of meeting the requirements of a behavioral health professional, behavioral health technician or behavioral health paraprofessional (Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.)
- ☐ Credible evidence of one year work experience in providing rehabilitation services to persons with disabilities, if providing Ongoing Support to Maintain Employment and/or Psychoeducational Services (Credible evidence must be specific and clear documentation, indicating location and dates of staff or contractor's experience).
- ☐ Copy of Fingerprint Clearance Card, if providing services to persons under the age of 18 years (If a fingerprint clearance card has not been recently obtained, the provider is strongly encouraged to contact the Department of Public Safety, Fingerprinting Division, to ensure that the card is valid. As per A.R.S. § 41-1758.05, a person who knowingly falsifies a material fact or who makes or uses a false fingerprint clearance card knowing the false fingerprint clearance card contains a false, fictitious or fraudulent statement is guilty of a class 3 misdemeanor. If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years - Department of Public Safety: http://www.azdps.gov. Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)
- ☐ Copy of DPS Form 802-06857 Applicant Fingerprint Clearance Card Application and copy of the completed and notarized State of Arizona Criminal History Affidavit form, if providing services to persons under the age of 18 years and does not have a Fingerprint Clearance Card (Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)
- ☐ Copy of the completed and notarized ADHS/DBHS Self-Declaration of Criminal History form, if providing services to persons age 18 and older.
- ☐ Copy of current Cardiopulmonary Resuscitation (CPR) Certificate signed by the instructor (If the CPR Certificate provided indicates that it is valid for infants/children, it will be accepted for staff and contractors who are only working with persons under the age of 18. If the CPR Certificate indicates that it is valid for adults, it will be accepted for staff and contractors who are only working with persons aged 18 and older.)

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

☐ Copy of First Aid training verification signed by the instructor
☐ Credible evidence of current freedom from infectious pulmonary tuberculosis (Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation shall be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.)

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

Direct service staff and contractors must complete all trainings listed below ***prior to providing direct services to behavioral health recipients***. Credible evidence of training must clearly indicate to reviewers of the application that direct service staff or contractors have received training in the specified content areas (i.e., training with different titles must be matched up to the trainings listed below).

Training Content	Date of Completion	Name of Person/Organization that provided training
Client rights		
Providing services in a manner that promotes client dignity, independence, individuality, strengths, privacy and choice		
Recognizing common symptoms of and differences between a mental disorder, personality disorder, and/or substance abuse		
Protecting and maintaining confidentiality of client records and information		
Record keeping and documentation		
Ethical behavior such as staff and client boundaries and the inappropriateness of receiving gratuities from a client		
Recognizing, preventing or responding to a client who may be a danger to self or a danger to others; behave in an aggressive or destructive manner; need crisis services or be experiencing a medical emergency		

Signatory Information
By signing below, I affirm under penalty of law that the information provided on this form is true, accurate, and complete to the best of my knowledge.
_____ _____ Signature of Provider Director/Title Date By signing below, I affirm that the information provided has been reviewed for completeness and accuracy. _____ _____ Signature of T/RBHA Reviewer Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification Renewal Application Instructions

Enclose a copy of the current passing fire inspection referenced in the renewal application every two years from the initial application date. Enclose a copy of the current health and safety inspection and/or copy of the Occupancy permit, if changed.

Complete sections of the renewal application for new direct service staff members or contractors hired after the previously submitted application.

Enclose all required forms, certifications, permits, inspections, and documents with the application form for new direct service staff members or contractors. Only documentation that has been updated, as required, for previous direct service staff members or contractors must be submitted (e.g., fingerprint clearance cards, CPR certification, First Aid training). Documents that are purchased online and are not obtained through the applicable authority will not be considered as official or credible documentation.

The provider Director signs and dates the application form and indicates his/her title on the form.

The completed application is mailed or hand delivered to the T/RBHA with which the provider contracts.

Community Partnership of Southern Arizona	535 N. Wilmot, Suite 201 Tucson, AZ 85711
Cenpatico Behavioral Health of Arizona	1501 W Fountainhead Corporate Park Suite 295 Tempe, Arizona 85280
Northern Arizona Regional Behavioral Health Authority	1300 S. Yale Street Flagstaff, Arizona 86001
Magellan of Arizona	4129 E. Van Buren Street, Suite 250 Phoenix, Arizona 85008
Gila River Tribal Community	Department of Health Services Behavioral Health Care Clinic/RBHA P.O. Box 38 Sacaton, Arizona 85247
The Navajo Nation	P.O. Box 2505 Window Rock, Arizona 86515
Pascua Yaqui Tribe	Pascua Yaqui Tribal RBHA 7474 South Camino DeOeste Tucson, Arizona 85757
White Mountain Apache Tribe	PO Box 1089 249 W. Ponderosa Drive Whiteriver, AZ 85941

The T/RBHA reviews the proposed provider's application for completeness, and the T/RBHA reviewer signs the application. Once it is determined that the application is complete, the T/RBHA forwards the completed application packet to:

Arizona Department of Health Services
Division of Behavioral Health Services
Attention: Policy Office
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification AMENDMENT

Provider Information

Please fill out all sections in the Provider Information portion of this form

Date of Application: _____/_____/_____

AHCCCS Provider ID #:_____

National Provider Identification (NPI): _____

Provider Name:

Provider Phone Number: ( ) _____ - _____

Provider E-Mail Address: _____

Provider Administrative Address (if applicable):

City: _____ State: _____

Street _____

Zip: _____ County: _____

Provider Facility Address[1]:

City: _____ State: _____

Street _____

Zip: _____ County: _____

Provider Mailing Address:

City: _____ State: _____

Street _____

Zip: _____ County: _____

Program Director:

Name:_____

Credentials:_____

Phone Number:_____

Tax ID#:_____

OR

Social Security Number:_____

Please mark a "C" for each T/RBHA the applicant has a contract with and an "I" for each T/RBHA the applicant intends to contrac with.

__ CPSA-3

__ CPSA-5

__ Cenpatico-2

__ Navajo Nation

__ Pascua Yaqui Tribal RBHA

__ Cenpatico-4

__ NARBHA

__ Magellan

__ Gila River Tribal RBHA

__ White Mountain Apache Tribal RBHA

Provider Enclosures

If there has been a change in location of the CSA, please fill out the Provider Enclosures portion of this form

Enclose the following with this application: (***please check the box beside each document enclosed)***

__ copy of provider incorporation documents

__ copy of provider charter, if any

__ copy of Occupancy Permit for provider facility address

__ copy of an official current passing fire inspection
Fire inspection required every two years for renewal certification

Services Provided

Check services that your agency will be adding, and check the age group(s) that your CSA will be serving, if the age group has changed.

__ Transportation (see the ADHS/DBHS Covered Behavioral Health Services Guide for service codes)
__ Unskilled Respite S5150, S5151
__ Self-help/Peer Service (Individual - H0038, Group -H0038HQ)
__ Comprehensive Community Support Services (Peer Support) H2016
__ Support to Maintain Employment H2025, H2026
__ Supervised Behavioral Health Day Treatment H2012
__ Comprehensive Community Support (Supervised Day) H2015
__ Personal Care T1019 or T1020

[1] This is the service address where staff will be providing services. If staff will be providing services off-site at non-CSA facilities, please attach the list of off-site addresses (not including home addresses) where staff will be providing services.

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__ Home Care Training Family S5110
__ Psychoeducational Service H2027
__ Skills Training (Individual - H2014, Group - H2014HQ)
__ Psychosocial Rehabilitation H2017
__ BH Prevention/Promotion Education H0025

Check the following age groups for which your agency will be providing services:

____ 0-12 ____ 13-17 ____ 18 and older

CPR certificates for direct care staff and contractors must cover the age groups for which they will be providing services.

PROGRAM DESCRIPTION

If the purpose, goals and/or objectives of the CSA have changed, please include an updated program description

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DIVISION OF BEHAVIORAL HEALTH SERVICES
DIRECT SERVICE STAFF MEMBER/CONTRACTOR LIST FOR ADDED SERVICES

Name of Direct Service Staff Member or Contractor	Hire Date	CPR Certification Date	First Aid Certification Date	Fingerprint Clearance Card Date (if applicable)	Self Declaration of Criminal History Date (if applicable)	Services Provided BHP, BHT OR BHPP	Services Provided <u>Must</u> be BHP, BHT or BHPP with one year experience in providing rehabilitation services to persons with disabilities	Services Provided <u>Must be BHP or BHT</u>
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education
						__Transportation __Unskilled Respite __Self Help/Peer Service __Peer Support __Supervised Behavioral Health Day Treatment __Supervised Day __Personal Care __Home Care Training Family __Skills Training __Psychosocial Rehabilitation	__Support to Maintain Employment __Psychoeducational Service	__BH Prevention/ Promotion Education

I attest that the staff members listed above will be providing only the services indicated on this form.

_______________________________________   ______________
Signature of Program Director   Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Name of direct service staff or contractor: _____

Direct Service Staff/Contractor Checklist

Complete the Direct Service Staff/Contractor Checklist for new staff who will be providing the additional services. If staff who will be providing the additional services have already been reviewed in previous applications, only provide documentation that is required to indicate that those staff are qualified to provide the additional services (see grey boxes below). If the purpose of this amendment application is to start providing services to persons under the age of 18, please provide the required documentation for a Fingerprint Clearance Card and CPR certificate.

Name of provider: _____

Location(s) where staff will be providing services (if staff member or contractor will be providing services at more than one location): _____

Attach all credible evidence/documentation to this form

☐ Credible proof of age 18 or older/age 21 or older (See Exhibit 2 of Policy MI 5.2, Community Service Agencies – Title XIX Certification for requirements related to specific services. Credible evidence can consist of a birth certificate, baptismal certificate, or other picture ID containing a birth date, signed and dated by the staff member or contractor such as military identification, state ID card, or valid driver's license.)

☐ Reference form

☐ Copy of current driver's license (if providing transportation services)

- ☐ Copy of current vehicle registration (for vehicle used to provide transportation services)
- ☐ Copy of current liability insurance as required by A.R.S. 28-4009 (for vehicle used to provide transportation services)

☐ Credible evidence of meeting the requirements of a behavioral health professional, behavioral health technician or behavioral health paraprofessional (Credible evidence can consist of a copy of the license for the behavioral health professional, copies of the license or certificate and/or education/training/experience verification for the behavioral health technician, or copies of the high school equivalency diploma (completion of GED) or high school diploma or associates degree for the behavioral health paraprofessional. Unofficial transcripts will not be considered as credible evidence.)

☐ Credible evidence of one year work experience in providing rehabilitation services to persons with disabilities, if providing Ongoing Support to Maintain Employment and/or Psychoeducational Services (Credible evidence must be specific and clear documentation, indicating location and dates of staff or contractor's experience).

☐ Copy of Fingerprint Clearance Card, if providing services to persons under the age of 18 years (If a fingerprint clearance card has not been recently obtained, the provider is strongly encouraged to contact the Department of Public Safety, Fingerprinting Division, to ensure that the card is valid. As per A.R.S. § 41-1758.05, a person who knowingly falsifies a material fact or who makes or uses a false fingerprint clearance card knowing the false fingerprint clearance card contains a false, fictitious or fraudulent statement is guilty of a class 3 misdemeanor. If a direct service staff member is continuously employed or contracted with a CSA that provides services to persons under 18 years of age, the fingerprint clearance card must be obtained every six years - Department of Public Safety: http://www.azdps.gov. Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)

☐ Copy of DPS Form 802-06857 Applicant Fingerprint Clearance Card Application and copy of the completed and notarized State of Arizona Criminal History Affidavit form, if providing services to persons under the age of 18 years and does not have a Fingerprint Clearance Card (Application packets for initial or renewal of fingerprint clearance cards may be obtained by calling the Department of Public Safety, Fingerprinting Division, at (602) 223-2279or faxing the request for an application to (602) 223-2947.)

☐ Copy of the completed and notarized ADHS/DBHS Self-Declaration of Criminal History form, if providing services to persons age 18 and older.

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Name of direct service staff or contractor: _____

☐ Copy of current Cardiopulmonary Resuscitation (CPR) Certificate signed by the instructor (If the CPR Certificate provided indicates that it is valid for infants/children, it will be accepted for staff and contractors who are only working with persons under the age of 18. If the CPR Certificate indicates that it is valid for adults, it will be accepted for staff and contractors who are only working with persons aged 18 and older.)
☐ Copy of First Aid training verification signed by the instructor
☐ Credible evidence of current freedom from infectious pulmonary tuberculosis (Signed and dated letter or report from a qualified medical practitioner administering the test and reading the results. Results must clearly indicate that the qualified medical practitioner determines that the direct service staff member or contractor is medically safe to provide services. Credible documentation shall be dated at the start of employment or prior to providing behavioral health services and every 12 months thereafter.)

Signatory Information
By signing below, I affirm under penalty of law that the information provided on this form is true, accurate, and complete to the best of my knowledge.
_____ _____ Signature of Provider Director/Title Date By signing below, I affirm that the information provided has been reviewed for completeness and accuracy. _____ _____ Signature of T/RBHA Reviewer Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification Amendment Instructions

Complete all applicable sections of the amendment form and enclose all required forms, certifications, permits, inspections, and documents with the amendment form. Documents that are purchased online and are not obtained through the applicable authority will not be considered as official or credible documentation.

The provider Director signs and dates the application form and indicates his/her title on the form.

The completed application is mailed or hand delivered to the T/RBHA with which the provider contracts.

Community Partnership of Southern Arizona	535 N. Wilmot, Suite 201 Tucson, AZ 85711
Cenpatico Behavioral Health of Arizona	1501 W Fountainhead Corporate Park Suite 295 Tempe, Arizona 85280
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The Navajo Nation	P.O. Box 2505 Window Rock, Arizona 86515
Pascua Yaqui Tribe	Pascua Yaqui Tribal RBHA 7474 South Camino DeOeste Tucson, Arizona 85757
White Mountain Apache Tribe	PO Box 1089 249 W. Ponderosa Drive Whiteriver, AZ 85941

The T/RBHA reviews the provider's amendment form for completeness, and the T/RBHA reviewer signs the application. Once it is determined that the application is complete, the T/RBHA forwards the completed application packet to:

Arizona Department of Health Services
Division of Behavioral Health Services
Attention: Policy Office
150 N. 18th Avenue, Suite 260
Phoenix, Arizona 85007

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

NAME OF DIRECT SERVICE STAFF/CONTRACTOR:_____

Community Service Agency Title XIX Certification

DIRECT SERVICE STAFF/CONTRACTOR REFERENCE FORM

The following individuals have knowledge about all of the following: employment history, education and character of the direct service staff or contractor. Individuals giving references cannot be family members of the direct service staff or contractor.

(1)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____
(2)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____
(3)	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ Verified by: _____	City: _____ State: _____ Zip: _____ Phone Number: _____

By signing this form, I affirm that the three references have been contacted to provide information regarding the employment history, education and character of the Direct Service Staff/Contractor.

_____ _____
Program Director Signature ***Date***

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POLICY OFFICE
COMMUNITY SERVICE AGENCY CRIMINAL HISTORY AFFIDAVIT

Applicant's Name (First, Middle, Last) Social Security Number Birth Date Area Code and Phone #

Applicant's Address (#, Street, City, State, Zip)

Facility Name

Facility Address (#, Street, City, State, Zip)

A.R.S. § 8-201. Definitions

13. "Dependent child":

In this title, unless the context otherwise requires:

(a) Means a child who is adjudicated to be:

(i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.

(ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care.

(iii) A child whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian or any other person having custody or care of the child.

(iv) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.

(v) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-604.

(b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

Pursuant to A.R.S. § 36-425.03 (K) For the purposes of this section:

1. "Children's behavioral health program" means a program that provides children's behavioral health services and that is licensed by the department as a behavioral health service agency or that contracts with the department to provide children's behavioral health services.

2. "Children's behavioral health program personnel" means an owner, employee or volunteer who works at a children's behavioral health program.

Pursuant to A.R.S. § 36-425.03, (E) Forms submitted pursuant to subsection D of this section are confidential.

Pursuant to A.R.S. § 36-425.03(D) Children's behavioral health program personnel shall certify on forms that are provided by the department and notarized that they are not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement to committing any of the offenses listed in section 41-1758.03, subsection B or C in this state or similar offenses in another state or jurisdiction.

Pursuant to A.R.S. § 36-425.03 (G) a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in subsection D, of this section is prohibited from working in any capacity in a children's behavioral health program that requires or allows contact with children.

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Pursuant to A.R.S. § 36-425.03(H), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in subsection D, of this section shall not work in a children's behavioral health program in any capacity that requires or allows the employee to provide direct services to children unless the person has applied for and received the required fingerprint clearance card pursuant to title 41, chapter 12, article 3.1.

Pursuant to A.R.S. § 36-425.03 (J) the employer shall notify the department of public safety if the employer receives credible evidence that a person who possesses a valid fingerprint clearance card either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.03(B).
2. Falsified information on the form required by subsection D of this section.

A.R.S. § 41-619.55 (I) <u>Good cause exceptions; revocation</u>
Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

A.R.S. § 36-425.03(D) and A.R.S. § 41-1758.03 (B) Fingerprint clearance cards; issuance: A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card:

Yes	No		
☐	☐	1.	Sexual abuse of a vulnerable adult.
☐	☐	2.	Incest.
☐	☐	3.	First or second-degree murder.
☐	☐	4.	Sexual assault.
☐	☐	5.	Sexual exploitation of a minor.
☐	☐	6.	Sexual exploitation of a vulnerable adult.
☐	☐	7.	Commercial sexual exploitation of a minor.
☐	☐	8.	Commercial sexual exploitation of a vulnerable adult.
☐	☐	9.	Child prostitution as prescribed in section 13-3212.
☐	☐	10.	Child abuse.
☐	☐	11.	Abuse of a vulnerable adult.
☐	☐	12.	Sexual conduct with a minor.
☐	☐	13.	Molestation of a child.
☐	☐	14.	Molestation of a vulnerable adult.
☐	☐	15.	Sex trafficking.

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Yes	No		
☐	☐	16.	Sexual abuse.
☐	☐	17.	Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
☐	☐	18.	Furnishing harmful items to minors as prescribed in section 13-3506.
☐	☐	19.	Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
☐	☐	20.	Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
☐	☐	21.	Luring a minor for sexual exploitation.
☐	☐	22.	Enticement of persons for purposes of prostitution.
☐	☐	23.	Procurement by false pretenses of person for purposes of prostitution.
☐	☐	24.	Procuring or placing persons in a house of prostitution.
☐	☐	25.	Receiving earnings of a prostitute.
☐	☐	26.	Causing one's spouse to become a prostitute.
☐	☐	27.	Detention of persons in a house of prostitution for debt.
☐	☐	28.	Keeping or residing in a house of prostitution or employment in prostitution.
☐	☐	29.	Pandering.
☐	☐	30.	Transporting persons for the purpose of prostitution, polygamy and concubinage.
☐	☐	31.	Portraying adult as a minor as prescribed in section 13-3555.
☐	☐	32.	Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
☐	☐	33.	A dangerous crime against children as defined in section 13-604.01.
☐	☐	34.	Exploitation of minors involving drug offenses.
☐	☐	35.	Taking a child for the purpose of prostitution as prescribed in section 13-3206.
☐	☐	36.	Neglect or abuse of a vulnerable adult.
☐	☐	37.	Unlawful sale or purchase of children.
☐	☐	38.	Child bigamy.

A.R.S. § 36-425.03(D) and A.R.S. § 41-1758.03 (C) A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from

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receiving a fingerprint clearance card, except that the person **MAY** petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

Yes	No		
☐	☐	1.	Manslaughter.
☐	☐	2.	Endangerment.
☐	☐	3.	Threatening or intimidating.
☐	☐	4.	Assault.
☐	☐	5.	Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
☐	☐	6.	Assault by vicious animals.
☐	☐	7.	Drive by shooting.
☐	☐	8.	Assaults on officers or fire fighters.
☐	☐	9.	Discharging a firearm at a structure.
☐	☐	10.	Indecent exposure.
☐	☐	11.	Public sexual indecency.
☐	☐	12.	Aggravated criminal damage
☐	☐	13.	Theft.
☐	☐	14.	Theft by extortion.
☐	☐	15.	Shoplifting.
☐	☐	16.	Forgery.
☐	☐	17.	Criminal possession of a forgery device.
☐	☐	18.	Obtaining a signature by deception.
☐	☐	19.	Criminal impersonation.
☐	☐	20.	Theft of a credit card or obtaining a credit card by fraudulent means.
☐	☐	21.	Receipt of anything of value obtained by fraudulent use of a credit card.
☐	☐	22.	Forgery of a credit card.
☐	☐	23.	Fraudulent use of a credit card.
☐	☐	24.	Possession of any machinery, plate or other contrivance or incomplete credit card.
☐	☐	25.	False statement as to financial condition or identity to obtain a credit card.
☐	☐	26.	Fraud by persons authorized to provide goods or services.
☐	☐	27.	Credit card transaction record theft.
☐	☐	28.	Misconduct involving weapons.

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Yes	No		
☐	☐	29.	Misconduct involving explosives.
☐	☐	30.	Depositing explosives.
☐	☐	31.	Misconduct involving simulated explosive devices.
☐	☐	32.	Concealed weapon violation.
☐	☐	33.	Possession and sale of peyote.
☐	☐	34.	Possession and sale of a vapor-releasing substance containing a toxic substance.
☐	☐	35.	Sale of precursor chemicals.
☐	☐	36.	Possession, use or sale of marijuana, dangerous drugs or narcotic drugs.
☐	☐	37.	Manufacture or distribution of an imitation controlled substance.
☐	☐	38.	Manufacture or distribution of an imitation prescription-only drug.
☐	☐	39.	Manufacture or distribution of an imitation over-the-counter drug.
☐	☐	40.	Possession or possession with intent to use an imitation controlled substance.
☐	☐	41.	Possession or possession with intent to use an imitation prescription-only drug.
☐	☐	42.	Possession or possession with intent to use an imitation over-the-counter drug.
☐	☐	43.	Manufacture of certain substances and drugs by certain means.
☐	☐	44.	Adding poison or other harmful substance to food, drink or medicine.
☐	☐	45.	A criminal offense involving criminal trespass and burglary under title 13, chapter 15.
☐	☐	46.	A criminal offense under title 13, Chapter 23.
☐	☐	47.	Child neglect.
☐	☐	48.	Misdemeanor offenses involving contributing to the delinquency of a minor.
☐	☐	49.	Offenses involving domestic violence.
☐	☐	50.	Arson.
☐	☐	51.	Kidnapping.
☐	☐	52.	Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
☐	☐	53.	Robbery.
☐	☐	54.	Aggravated assault.
☐	☐	55.	Felony offenses involving contributing to the delinquency of a minor.
☐	☐	56.	Negligent homicide.
☐	☐	57.	Criminal damage.

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Yes	No		
☐	☐	58.	Misappropriation of charter school monies as prescribed in section 13-1818.
☐	☐	59.	Taking identity of another person or entity.
☐	☐	60.	Aggravated taking identity of another person or entity.
☐	☐	61.	Trafficking in the identity of another person or entity.
☐	☐	62.	Cruelty to animals.
☐	☐	63.	Prostitution.
☐	☐	64.	Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
☐	☐	65.	Welfare fraud.

Applicant's Name (print) _____

NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

*Applicant's Signature*_____

State of Arizona, County of _____)ss
)

Subscribed and sworn before me, a Notary Public, this_____day of_____, 20___.

My Commission Expires:_____. _____
Notary Public's Signature

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
Community Service Agency

SELF DECLARATION OF CRIMINAL HISTORY

Name of Direct Service Person:	Title of Position:

Address: City:_____ State:_____

Street:_____ Zip:_____ County:_____

Facility Name: _____ City:_____ State:_____

Address
Street:_____ Zip:_____ County:_____

Attestation:

I hereby attest and certify that I
a). am not subject to registration as a sex offender in this state or any other jurisdiction;
b). have not ever been convicted of committing;
c). have not admitted in open court or pursuant to a plea agreement to committing; and
d). am not awaiting trial on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction:

Initial each box following offense

Offense	Initials	Offense	Initials	Offense	Initials
Sexual abuse of a vulnerable adult		Molestation of a child		Luring a minor for sexual exploitation	
Incest		Molestation of a vulnerable adult		Enticement of persons for purposes of prostitution	
First or second degree murder		A dangerous crime against children as defined in section 13-604.01		Procurement by false pretenses of person for purposes of prostitution	
Sexual assault		Exploitation of minors involving drug offenses		Procuring or placing persons in a house of prostitution	
Sexual exploitation of a minor		Taking a child for the purpose of prostitution as prescribed in section 13-3206		Receiving earnings of a prostitute	
Sexual exploitation of a vulnerable adult		Neglect or abuse of a vulnerable adult		Causing one's spouse to become a prostitute	
Commercial sexual exploitation of a minor		Sex trafficking		Detention of persons in a house of prostitution for debt	
Commercial sexual exploitation of a vulnerable adult		Sexual abuse		Keeping or residing in a house of prostitution or employment in prostitution	
Child prostitution as prescribed in section 13-3212		Production, publication sale, possession and presentation of obscene items as prescribed in section 13-3502		Pandering	
Child abuse		Furnishing harmful items to minors as prescribed in section 13-3506		Transporting persons for the purpose of prostitution, polygamy and concubinage	
Abuse of a vulnerable adult		Furnishing harmful items to		Portraying adult as a minor as	

		minors by internet activity as prescribed in section 13-3506.01		prescribed in section 13-3555	
Sexual conduct with a minor		Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512		Admitting minors to public displays of sexual conduct as prescribed in section 13-3558	
Unlawful sale or purchase of children		Child bigamy			

Notarization

I hereby certify that the answers given above are true and correct to the best of my knowledge and belief.

_____

Applicants Signature

State of Arizona, County of _____

Subscribed and sworn before me, a notary public, this _____ day of _____, _____ (year)

My commission expires:_____.

_____

Notary Public's Signature

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATION

NOTICE OF DEFICIENCY

Date:

_____
Applicant/Agency Name:

_____
Address

_____

_____

_____
Requestor Name

_____
Agency

_____
Telephone Number

Item(s) Requiring Corrective Action	Timeframe/Comments	Applicant Corrective Action Plan
☐ Reason for amendment		
☐ Provider ID/NPI		
☐ Provider Name		
☐ Provider Address(es)		
☐ Program Director's Information		
☐ T/RBHA affiliation		
☐ Tax ID#/Social Security Number		
☐ Provider Incorporation Documents		
☐ Provider Charter		
☐ Occupancy Permit		
☐ Fire inspection		
☐ Services Provided		
☐ Age Groups		
☐ Direct Service Staff/Contractor List		
☐ Proof of age		
☐ Reference form		
☐ Driver's license		
☐ Vehicle registration		
☐ Current liability insurance		
☐ Credible evidence of BHP		

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATION
NOTICE OF DEFICIENCY

☐Credible evidence of BHT		
☐Credible evidence of BHPP		
☐Credible evidence of one (1) year work experience in providing rehabilitation services to persons with disabilities		
☐Fingerprint Clearance Card		
☐Fingerprint Clearance Card Application		
☐State of Arizona Criminal History Affidavit		
☐ADHS/DBHS Self-Declaration of Criminal History		
☐CPR Certificate		
☐First Aid Training		
☐TB Documentation		
☐Training checklist		
☐Training documentation		

Please forward the Corrective Action Plan and corresponding documentation to the requestor indicated above by the specified timeframe(s).

Arizona Department of Health Services/Division of Behavioral Health Services

COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATE

TYPE OF ACTION (CIRCLE):
1. Initial Certificate
2. Renewal Certificate
3. Amended Certificate

FACILITY NAME, PROGRAM DIRECTOR AND ADDRESS:

Certification Effective Date: _____

Renewal Date: _____

Amended Date: _____

Services Being Provided (check all that apply):

TIER I:

__ **Transportation**
__ **Unskilled Respite**
__ **Self-help Peer Service or Comprehensive Community Support Services** (Peer Support)
__ **Personal Care**
__ **Support to Maintain Employment**
__ **Psychoeducational Service .**

TIER II:

__ **Home Care Training** Family
__ **Skills Training or Psychosocial Rehabilitation**
__ **Supervised Day or Comprehensive Community Support (Supervised Day Program)**
__ **Behavioral Health Prevention/Promotion Education**

Title XIX
Community Service Agency

RBHA/TRBHA AFFILIATION (check all that apply):

CPSA-3	Cenpatico-4
CPSA-5	NARBHA
Cenpatico-2	Magellan
Gila River	Navajo Nation
Pascua Yaqui	White Mountain Apache Tribe

TITLE XIX CERTIFICATION ACTION:

Approved **Expiration Date:** _____/_____/_____

Certification Number _____

Authorized ADHS/DBHS Signature

_____ _____

Signature and Title Date

AHCCCS Provider Type

A3 Community Service Agency

A copy of this Certificate must be sent with the Provider Registration Packet when registering with the Arizona Health Care Cost Containment System –(AHCCCS), and a copy of this Certificate must be sent to AHCCCS when it has been amended.

COMMUNITY SERVICE AGENCY
DAILY CLINICAL RECORD DOCUMENTATION FORM - DATE: _____ 200_

CSA Name: _____ Provider ID #: _____Site Location: _____

Client Name: _____ AHCCCS ID#: _____ CIS ID#: _____ Diagnosis Code: _____

Case Manager (or other Clinical Team representative): _____

Check only one box (one sheet used for each service):

☐ H2014 Skills Training and Development (Individual)	☐ H0038 HQ Self Help/Peer Services (Group)
☐ H2014 HQ Skills Training and Development (Group)	☐ H2016 Comprehensive Community Support Services (Peer Support)
☐ H2017 Psychosocial Rehabilitation Living Skills Training	☐ S5150 Unskilled Respite (up to 12 hours)
☐ H0025 Behavioral Health Prevention/Promotion Education	☐ S5151 Unskilled Respite (more than 12 hours)
☐ H2025 Ongoing Support to Maintain Employment	☐ H2027 Psychoeducational Services (Pre-Job Training and Development)
☐ T1019 Personal Care Services (up to 11 ¾ hours)	☐ H2012 Supervised Behavioral Health Day Treatment
☐ T1020 Personal Care Services (12 or more hours)	☐ H2015 Comprehensive Community Support Services (Supervised Day Program)
☐ S5110 Home Care Training Family (Family Support)	☐ H2026 Ongoing Support to Maintain Employment (Per diem)
☐ H0038 Self Help/Peer Services	
OTHER (Non-Title XIX/XXI reimbursable services)	
☐ H0046 Mental Health Services (NOS)	☐ H0043 Supported Housing
☐ T1013 Sign Language or Oral Interpretive Services	☐ S9986 Non-Medically Necessary Services (Flex Fund Services)
☐ S9986 HW Medicare Part D Premium	☐ H0046 SE Mental Health Services (NOS)

NON-EMERGENCY TRANSPORTATION SERVICES

☐ A0090	☐ S0215	☐ A0999	☐ A0130 TN	☐ A0210	☐ A0170	☐ T2005 TN	☐ T2007
☐ A0190	☐ S0209	☐ A0100	☐ S0215 TN	☐ A0140	☐ A0120	☐ A0180	
☐ A0130	☐ S0209 TN	☐ A0200	☐ A0110	☐ T2005	☐ A0160	☐ A0120 TN	

Duration of service(s) provided to client: Time In _____ Time Out_____

Summary of service(s) provided to client:

_____ _____ _____

PRINTED Name and Title/Credentials of CSA provider **SIGNATURE** of CSA service provider Date

COMMUNITY SERVICE AGENCY
MONTHLY SUMMARY

DATE: _____ 200_

Instructions: This form must be submitted to the client's case manager every thirty (30) days. If the client does not have an assigned case manager, submit the monthly summary to the behavioral health provider who has signed the client's service plan.

Case Manager (or other Clinical Team representative); _____ Phone #: _____

Client Name: _____

Service Code	Time In	Time Out	Total Time

Monthly Summary (including progress and/or regression) in the goals/objectives listed in the service plan:

_____
_____
_____
_____
_____
_____

Client feedback on reaching goals/objectives listed in the service plan (i.e., client does or does not continue to be in agreement with goals/objectives identified in service plan):

_____
_____
_____
_____
_____
_____

_____ _____

PRINTED Name and Title/Credentials of CSA provider Date

_____

SIGNATURE of CSA service provider

Attachment 10

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Community Service Agency Title XIX Certification

INTENT TO CONTRACT FORM

Providers/applicants submitting applications for Community Service Agency Title XIX Certification will submit applications through one T/RBHA, but may contract with multiple T/RBHAs to provide CSA services. As such, the following serves as verification that the provider/applicant either contracts with, or intends to contract with, other T/RBHAs.

_____ *has a entered into a contract with* _____
T/RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

OR

It is the intent of _____ *to enter into a contract with* _____
T/RBHA Name Here *Provider/Applicant Name Here*

for the provision of behavioral health rehabilitation and/or support services.

_____
Signature of T/RBHA Representative

_____
Printed Name of T/RBHA Representative

_____
Telephone Number

_____
Date

POLICY MI 5.3 PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

A. PURPOSE: To establish guidelines for the use of the Pre-Admission Screening and Resident Review (PASRR) for all persons being admitted to Medicaid certified nursing facilities (NFs).

B. SCOPE: Regional Behavioral Health Authorities (RBHAs) and their subcontracted providers.

C. POLICY: Medicaid certified nursing facilities must provide PASRR Level I screening, or verify that screening has been conducted, in order to identify Serious Mental Illness (SMI) and/or Mental Retardation (MR) prior to initial admission of persons to a nursing facility bed that is Medicaid certified or dually certified for Medicaid/Medicare.

D. REFERENCES:
42 C.F.R. § 483.100-138
A.R.S. § 12-2294
A.R.S. § 12-2297
AHCCCS Medical Policy Manual, Chapter 1200
9 A.A.C. 34, Article 2
American Association on Intellectual and Developmental Disabilities
Provider Manual Attachment 3.10.1, Serious Mental Illness (SMI) Qualifying Diagnosis
ADHS/DBHS GA 3.3 Title XIX/XXI Notice and Appeal Requirements
ADHS/DBHS GA 3.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)

E. DEFINITIONS:

Nursing Facility (NF)

Resident Review

Serious Mental Illness

Mental Retardation (MR)

Specialized Services (pertaining to a Serious Mental Illness)

F. PROCEDURES:

1. The PASRR screening consists of a two-stage identification and evaluation process and is conducted to assure appropriate placement and treatment for those identified with SMI and/or MR.

   a. PASRR Level I screenings are used to determine whether the person has any

diagnosis or other presenting evidence that suggests the potential presence of SMI and/or MR.

b. PASRR Level II evaluations are used to confirm whether the person indeed has SMI and/or MR. If the person is determined to have SMI and/or MR, this stage of the evaluation process determines whether the person requires the level of services in a NF and/or specialized services (inpatient/hospital psychiatric treatment).

2. PASRR Level I screenings

a. See AHCCCS Medical Policy Manual Exhibit 1220-1, PASRR Level I Screening Document and instructions.

b. PASRR Level I screenings can be performed by the following professionals:

(1) Arizona Long Term Care System (ALTCS) Pre-Admission Screening (PAS) assessors, or case managers;,

(2) Hospital discharge planners;

(3) Nurses;

(4) Social workers; or

(5) Other NF staff who have been trained to conduct the Level I PASRR screening and make Level II PASRR referrals.

c. Arizona Long Term Care System (ALTCS) Pre-Admission Screening (PAS) assessors or case managers, may conduct Level I PASRR screenings, but it is ultimate responsibility of the facility where the member is located to ensure that the Level I and Level II PASRR is completed prior to the member being admitted into the receiving nursing facility.

d. A PASRR Level I screening is not required for readmission of persons who were hospitalized and are returning to the NF, or for inter-facility transfers from another NF, if there has not been a significant change in their mental condition. The PASRR Level I screening form and PASRR Level II evaluation must accompany the readmitted or transferred person.

e. A PASRR Level I screening is required if a person is being admitted to a NF for a convalescent period, or respite care, not to exceed 30 days. If later it is determined that the admission will last longer than 30 days, a new PASRR Level I screening is required. The PASRR Level II evaluation must be done within 40 calendar days of the admission date.

3. Upon completion of a PASRR Level I screening, documents are forwarded to the

PASRR Coordinator within the ADHS/DBHS Bureau of Quality Management Operations. If necessary, referrals for a PASRR Level II evaluation to determine if a person has a SMI diagnosis (See Provider Manual Attachment 3.10.1, Serious Mental Illness (SMI) Qualifying Diagnosis) are forwarded to the ADHS/DBHS Office of the Medical Director. Alternatively, referrals for a PASRR Level II evaluation are forwarded to the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) PASRR Coordinator to determine if a person has Intellectual Disability (formerly know as mental retardation). For dually diagnosed persons (both SMI and MR), referrals for a PASRR Level II evaluation are forwarded to both ADES/DDD and ADHS/DBHS.

4. When a PASRR Level I screening is received by ADHS/DBHS, the PASRR Coordinator reviews it and, if needed, consults with the ADHS/DBHS Medical Director or designee (must be a Board-eligible or Board-certified psychiatrist and have an unrestricted, active license to practice medicine in Arizona) to determine if a PASRR Level II evaluation is necessary. If it is determined that a PASRR Level II evaluation should be conducted, the PASRR coordinator must:

    a. Forward copies of the PASRR Level I screening and any other documentation to the RBHA; and

    b. Send a letter to the person/legal representative that contains notification of the requirement to undergo a Level II PASRR evaluation.

5. RBHAs must develop an administrative process for conducting PASRR Level II evaluations and must ensure that:

    a. They are completed within 7 to 9 working days of receipt of the PASRR Level I screening;

    b. If the person is awaiting discharge from a hospital, the evaluation should be completed within 3 working days; and

    c. The criteria used to make the decision about appropriate placement are not affected by the availability of placement alternatives.

6. The PASRR Level II evaluation includes the following criteria:

    a. The evaluation report must include the components of the PASRR Level II Form (Form MI 5.3.2);

    b. The evaluation must be performed by a physician who is a Board-eligible or Board-certified psychiatrist and has an unrestricted, active license to practice medicine in Arizona;

    c. The evaluation can only be performed by a psychiatrist who is independent of and not directly responsible for any aspect of the care or treatment of the person being

evaluated;

d. The evaluation and notices must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated;

e. The evaluation must involve the individual being evaluated, the individual's legal representative, if one has been designated under state law, and the individual's family, if available and if the individual or the legal representative agrees to family participation;

f. Evaluators may use relevant evaluative data, obtained prior to initiation of preadmission screening or resident reviews, if the data are considered valid and accurate and reflect the current functional status of the individual. However, in the case of individualized evaluations, to supplement and verify the currency and accuracy of existing data, the State's PASRR program may need to gather additional information necessary to assess proper placement and treatment.

g. The evaluation report must include the PASRR Invoice (Form MI 5.3.3).

7. The ADHS/DBHS Medical Director or designee (must be a Board-eligible or Board-certified psychiatrist and have an unrestricted, active license to practice medicine in Arizona) reviews all evaluations and makes final Level II placement determinations prior to the proposed/current placement.

8. ADHS/DBHS must provide copies of the completed PASRR Level II evaluation to the referring agency, Arizona Health Care Cost Containment System, Division of Health Care Management (AHCCCS/DHCM) PASRR Coordinator, facility, primary care provider, and person/legal representative.

9. Cease process and documentation

   If at any time in the PASRR process it is determined that the person does not have a SMI, or has a principal/primary diagnosis identified as an exemption in the Level I screening, the evaluator must cease the PASRR process of screening and evaluation and document such activity.

10. ADHS/DBHS reviews each person determined to have a SMI on an annual basis, or when a significant change in the resident's physical or mental condition has been noted in order to ensure the continued appropriateness of nursing home level of care and the provision of appropriate behavioral health services.

11. ADHS/DBHS shall report monthly to AHCCCS concerning the number and disposition of residents (1) not requiring nursing facility services, but requiring specialized services for SMI, (2) residents not requiring nursing facility services or specialized services for SMI, and (3) any appeals activities and dispositions of appeal cases.

12. The ADHS/DBHS Medical Director or designee (must be a Board-eligible or Board-certified psychiatrist and have an unrestricted, active license to practice medicine in Arizona) will determine if the person requires nursing facility level of care and if specialized services are needed based on individualized evaluations or advance group determinations in accordance with 42 C.F.R. § 483.130-134. Individual evaluations or advance group determinations may be made for the following circumstances:

    a. The person has been diagnosed with a terminal illness; or

    b. Severe physical illness results in a level of impairment so severe that the person could not benefit from specialized services. The person will be reassessed when notified by the nursing facility of an improvement in their condition; and

    c. Other conditions as listed in 42 C.F.R. § 483.130-134.

13. Appeal and notice process specific to PASRR evaluations

    a. ADHS/DBHS shall send a written Notice no later than three (3) working days following a PASRR determination in the context of either a preadmission screening or resident review that adversely affects a Title XIX/XXI eligible person.

    b. Appeals shall be processed, consistent with the requirements in ADHS/DBHS GA 3.3, Title XIX/XXI Notice and Appeal Requirements, and ADHS/DBHS GA 3.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI).

    c. The RBHA must provide ADHS/DBHS with any requested information, and to make available witnesses necessary to assist with the defense of the decision on appeal, in the event that a person appeals the determination of the PASRR evaluation.

14. Retention

    a. RBHAs must retain case records for all Level II evaluations for a period of 6 years in accordance with A.R.S. § 12-2297.

    b. RBHAs must permit authorized ADHS/DBHS personnel reasonable access to files containing the reports received and developed.

15. Training

    Training will be provided to psychiatrists and any other medical professionals that conduct Level II evaluations as needed.

POLICY MI 5.3 PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

G. APPROVED BY:

7/30/10

Laura K. Nelson, M.D. Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

7/28/10

Rodgers Wilson, M.D. Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

Section 5.4 Reserved

POLICY MI 5.5 ARIZONA STATE HOSPITAL

A. PURPOSE: To outline the collaborative decision-making process between the Arizona State Hospital (AzSH), Tribal/Regional Behavioral Health Authorities (T/RBHAs), other referring agencies, behavioral health recipients, families, legal representatives, advocate/designated representatives and all relevant interested parties at the earliest point in the assessment, admission, treatment planning, delivery of care and discharge of behavioral health recipients from AzSH. This policy replaces the use of collaborative agreements directly established between each T/RBHA and AzSH.

B. SCOPE: The Arizona State Hospital (AzSH) and Tribal and Regional Behavioral Health Authorities (T/RBHAs).

This policy applies to the following categories of behavioral health recipients who may be admitted to AzSH:

- Civilly committed adult behavioral health recipients (T-36 and A.R.S. § 12-136 and A.R.S. § 31-226); and
- Voluntary admission for behavioral health recipients under T-14+ guardianship with mental health powers.

C. POLICY: AzSH is a Level I facility currently licensed under applicable state and local law, is accredited by The Joint Commission and certified by the Centers for Medicare and Medicaid Services (CMS). AzSH is a long-term inpatient psychiatric hospital that provides the most restrictive setting for care in the State. Coordination between AzSH and T/RBHAs must occur in a manner that ensures persons being admitted meet medical necessity criteria. Those individuals referred for admission must have a mental disorder as defined in A.R.S. 36-501 (26), and must be able to benefit from care and treatment at AzSH (A.R.S. 36-202). The level of care provided at AzSH must be the most appropriate and least restrictive treatment option for the person (A.R.S. 36-501 (22)). The provision of appropriate, medically necessary covered behavioral health services must be consistent with treatment goals outlined on the admission application and individual needs identified in the course of treatment of individuals admitted to AzSH.

The goal of all hospitalizations of persons at AzSH is to provide comprehensive evaluation, treatment, and rehabilitation services to assist each behavioral health recipient in his/her own recovery, and to achieve successful placement into a less restrictive community-based treatment option.

D. REFERENCES:

42 C.F.R. 431
42 C.F.R.456.60
42 C.F.R.441.152
A.R.S. § 36-107
A.R.S. § 36-202,
A.R.S. § 36-204 -206
A.R.S. § 36-501
A.R.S. § 36-509
A.R.S. § 36-2903
A.R.S. § 36-2932 et seq
A.R.S. § 41-1959
A.R.S. § 46-135
9 A.A.C.20
9 A.A.C. 21
9 A.A.C. 22
AHCCCS/ADHS Contract
ADHS/RBHA Contracts
ADHS/TRBHA IGAs
Section 3.8, Outreach, Engagement, Re-Engagement and Closure
Section 3.14, Securing Services and Prior Authorization
ADHS/DBHS Covered Behavioral Health Services Guide
The Joint Commission

E. DEFINITIONS:

Appeal
Appeal Resolution
Certification of Need (CON)
Clinical Team
Court Ordered Evaluation (COE)
Court Ordered Treatment (COT)
Danger to Others (DTO)

Danger to Self (DTS)
Designated TRBHA
Discharge Pending List
Enrolled Person
Geographic Service Area (GSA)
Gravely Disabled
Guilty Except Insane (GEI)
Home T/RBHA
Incapacitated Person
Inpatient Services
Inpatient treatment and discharge plan or "ITDP"
Letter of Authorization (LOA)
Mental Disorder
Not Guilty by Reason of Insanity (NGRI)
Pending Admission List
Persistently or Acutely Disabled (PAD)
Recertification of Need (RON)
Referral for Behavioral Health Services
Regional Behavioral Health Authority (RBHA)
Residence
Serious Mental Illness (SMI)
Special Assistance
Title 14 Guardian
Title 14 Guardian with Mental Health Powers (T-14+)
Title XIX
Title XIX Covered Services
Title XIX Eligible Person
Title XIX Member
Title XIX Waiver Member
Title XXI Member
Treatment
Tribal RBHA
T/RBHA

F. PROCEDURES:

1. Admissions

To ensure that individuals are treated in the least restrictive and most appropriate environment that can address their individual treatment and support their needs, the criteria for clinically appropriate admissions to AzSH are as follows:

a. The behavioral health recipient must not require acute medical care beyond the scope of medical care available at AzSH.

b. The T/RBHA or other referral source has made reasonable good-faith efforts to address the individual's target symptoms and behaviors in an inpatient setting(s).

c. For behavioral health recipients who are also enrolled with the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD), the DES/DDD Director or designee agrees with the recommendation for admission.

d. The T/RBHA and other referral source have completed Utilization Review of the potential admission referral and it is recommending admission to the AzSH as necessary and appropriate, and as the least restrictive option available for the person given his/her clinical status.

e. When a community provider agency or other referral source believes that a civilly committed or voluntarily admitted adult is a candidate to be transferred from another Level I Behavioral Health treatment facility for treatment at AzSH, the agency will contact the designated T/RBHA for that geographic service area to discuss the recommendation for admission to AzSH. The T/RBHA must be in agreement with the other referral source that a referral for admission to AzSH is necessary and appropriate. If the candidate is not T/RBHA enrolled, the T/RBHA will initiate an SMI determination and the enrollment process prior to application, or at the latest within twenty-four (24) hours of admission pursuant to Provider Manual Section 3.2, Appointment Standards and Timeliness of Service to AzSH. The enrollment date is effective the first date of contact by the T/RBHA. The T/RBHA will also complete a Title XIX application once T/RBHA enrollment is completed. For all non-T/RBHA

enrolled Tribal behavioral health recipients, upon admission to AzSH, the hospital will enroll the person, if eligible in the AHCCCS Indian Health Program.

f. For TRBHA (Tribal RBHA only) enrolled behavioral health recipients, ADHS/DBHS must also be in agreement with the referring agency that admission to AzSH is necessary and appropriate, and ADHS/DBHS must prior authorize the person's admission (see PM Section 3.14, Securing Services and Prior Authorization).

g. The T/RBHA and/or other referral sources must contact the AzSH Admissions Office and forward a completed packet of information regarding the referral to the Admissions Office (see Attachment A, AzSH Application and Attachment B, AzSH Payor Financial Information), and if determined to be SMI and previously assessed as requiring Special Assistance, then the existing Special Assistance form should be included in the package. If the form has not been completed, please refer to Provider Manual Section 5.4, Special Assistance for Persons Determined to have a Serious Mental Illness for further instructions.

h. The Admissions Office confirms receipt of the complete packet and notifies the referral source of missing or inadequate documentation within two business days of receipt. AzSH cannot accept any person for admission without copies of the necessary legal documents.

i. For T-XIX enrolled persons, the certification of need (CON) (see Provider Manual Form 3.14.1) should be included in the application for admission. The T/RBHA needs to generate a Letter of Authorization (LOA) or issue a denial. The LOA should be provided to the AzSH Admissions Department with the application for admission to AzSH.

j. The T/RBHA is responsible for notifying AzSH's Admissions Office of any previous court ordered treatment days utilized by the behavioral health recipient. Behavioral health recipients referred for admission must have a minimum of forty-five (45) inpatient court ordered treatment days remaining to qualify for admission. The behavioral health recipient's AHCCCS eligibility will be submitted by the T/RBHA to the AzSH Admissions Office with the admission application and verified during the admission review by the AzSH Admissions Office. The AzSH Admissions Office will notify (AHCCCS) Member Services of the behavioral health recipient's admission to AzSH and any change in health plan selection, or if any other information is needed.

k The Chief Medical Officer or Acting Designee will review the information within two (2) business days after receipt of the completed packet and determine whether the information supports admission and whether AzSH can meet the Behavioral Health Recipient's treatment and care needs.

l. If the AzSH Chief Medical Officer or Acting Designee determines that the behavioral health recipient does not meet criteria for admission, the Chief Medical Officer or Acting Designee will provide a written statement to the referral source explaining why the behavioral health recipient is not being accepted for admission, and the referral source will be offered the opportunity to request reconsideration by submitting additional information or by conferring with the AzSH Chief Medical Officer or Acting Designee. If the admission is denied, the AzSH Admissions Office will send the denial statement to the referral source.

m. If the admission is approved, the Admissions Office will send the acceptance statement from the Chief Medical Officer or Acting Designee to the referral source.

n. A Court Order for transfer is not required by AzSH when the proposed behavioral health recipient is already under a Court Order for treatment with forty - five (45) remaining inpatient days. However, in those jurisdictions in which the court requires a court order for transfer be issued, the referring agency will obtain a court order for transfer to AzSH.

o. If a Court Order for transfer is not required, the AzSH Admissions Office will set a date and time for admission. It is the responsibility of the referring agency to make the appropriate arrangements for transportation to AzSH.

p. When AzSH is unable to admit the accepted behavioral health recipient immediately, AzSH shall establish a pending list for admission. If the behavioral health recipient's admission is pending for more than 15 days, the referral agency must provide AzSH a clinical update in writing, including if any alternative placements have been explored while pending, and if the need for placement at AzSH is still necessary.

2. For adult behavioral health recipients under civil commitment:

a. The behavioral health recipient must have a primary diagnosis of Mental Disorder (other than Cognitive Disability, Substance Abuse, Paraphilia-Related Disorder, or Antisocial Personality Disorder) as defined in A.R.S. § 36-501, which correlates with

the symptoms and behaviors precipitating the request for admission, and be determined to meet DTO, DTS, GD, or PAD criteria as the result of the mental disorder.

b. The behavioral health recipient is expected to benefit from proposed treatment at AzSH (A.R.S. § 36-202). The behavioral health recipient must have completed 25 days of mandatory treatment in a local mental health treatment agency under T-36 Court Ordered Treatment (COT), unless waived by the court as per A.R.S. § 36-541 or, if PAD, waived by the Chief Medical Officer of AzSH.

c AzSH must be the least restrictive alternative available for treatment of the person (A.R.S. § 36-501) and the less restrictive long-term level of care available elsewhere in the State of Arizona to meet the identified behavioral health needs of the behavioral health recipient.

d The behavioral health recipient must not suffer more serious harm from proposed care and treatment at AzSH. (A.A.C. R9-21-507(B)(1)).

e. Hospitalization at AzSH must be the most appropriate level of care to meet the person's treatment needs, and the person must be accepted by the Chief Medical Officer for transfer and admission (A.A.C. R9-21-507(B)(2)).

3. Treatment and Community Placement Planning for All Behavioral Health Recipients:

a. AzSH will begin treatment and community placement planning immediately upon admission, utilizing the Adult Clinical Team model.

b. All treatment is patient-centered and is provided in accordance with ADHS/DBHS-established five principles of person-centered treatment for adult behavioral health recipients determined to have Serious Mental Illness (SMI).

c. Behavioral health recipients shall remain assigned to their original clinic/outpatient treatment team throughout their admission, unless the recipient initiates a request to transfer to a new clinic site or treatment team.

i. Consideration of comprehensive information regarding previous treatment approaches, outcomes and recommendations/input from the T/RBHA and other outpatient community treatment providers is vital.

ii. Representative(s) from the outpatient treatment team are expected to participate in treatment planning throughout the admission in order to facilitate enhanced coordination of care and successful discharge planning.

iii. Treatment goals and recommended assessment/treatment interventions must be carefully developed and coordinated with the outpatient providers (including the T/RBHA, ALTCS Health Plan, DDD, other provider(s), the behavioral health recipient's legal guardian, family members, significant others as authorized by the behavioral health recipient and Advocate/designated representative whenever possible.

iv. The first ITDP meeting, which is held within 10 days of the behavioral health recipient´s admission, should address specifically what symptoms or skill deficits are preventing the behavioral health recipient from participating in treatment in the community and the specific goals/objectives of treatment at AzSH. This information should be used to establish the treatment plan.

v. The first ITDP meeting should also address the discharge plan for reintegration into the community. The behavioral health recipient's specific needs for treatment and placement in the community, including potential barriers to community placement and successful return to the community, should be identified and discussed.

d. AzSH will provide all treatment plans to the responsible agency. The responsible agency should indicate review of and agreement/disagreement with the treatment plan on the document. Any disagreements should be discussed as soon as possible and resolved as outlined in 9 A.A.C. 21.

e. Treatment plans are reviewed and revised collaboratively with the Adult Clinical Team at least monthly.

f. Any noted difficulties in collaboration with the outpatient provider treatment teams will be brought to the attention of the T/RBHA to be addressed. The T/RBHA Hospital

Liaison will monitor the participation of the outpatient team and assist when necessary.

f. Through the Adult Clinical Team, AzSH will actively address the identified symptoms and behaviors which led to the admission, and link them to the community rehabilitation and recovery goals whenever possible. AzSH will actively seek to engage the behavioral health recipient and all involved parties to establish understandable, realistic, achievable and practical treatment, discharge goals and interventions.

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g. While in AzSH and depending upon the behavioral health recipient's individualized treatment needs, a comprehensive array of evaluation and treatment services are available and will be utilized as appropriate and as directed by the behavioral health recipient's treatment plan and as ordered by the behavioral health recipient's treating psychiatrist.

4. Recertification of Need (RON):

a. The AzSH Utilization Manager is responsible for the recertification process for all Title XIX/XXI eligible persons and is the contact for AzSH for all T/RBHA continued stay reviews.

b. The AzSH Utilization Manager will work directly with the behavioral health recipient's attending physician to complete the RON form. The RON will be sent to the RBHA within five (5) days of expiration of the current CON/ RON. If required by the T/RBHA, the Utilization Manager will send to the T/RBHA Utilization Review staff additional information/documentation needed for review to determine continued stay.

c. All T/RBHA decisions with regard to the approval or denial for continued stay will be rendered prior to the expiration date of the previous authorization and upon receipt of the RON for those behavioral health recipients. T/RBHA authorization decisions are based on review of chart documentation supporting the stay and application of the ADHS/ DBHS Level Continued Stay criteria. If continued stay is approved, the T/RBHA must send a LOA to the AzSH Utilization Management Department with the completed RON and updated standard nomenclature diagnosis codes (if applicable). Denials will be issued upon completion of the denial process described in ADHS/DBHS Provider Manual Section 3.14, Securing Services and Prior Authorization.

5. Transition to Community Placement Setting:

    a. The behavioral health recipient is considered to be ready for community placement and is placed on the Discharge Pending List when the following criteria are met:

        i. The agreed upon discharge goals set at the time of admission with the T/RBHA have been met by the behavioral health recipient.

        ii. The behavioral health recipient presents no imminent danger to self or others due to psychiatric disorder. Some behavioral health recipients, however, may continue to exhibit occasional problematic behaviors. These behaviors must be considered on a case-by-case basis and do not necessarily prohibit the person from being placed on the Discharge Pending List**.** If the behavioral health recipient is psychiatrically stable and has met all treatment goals but continues to have medical needs, the behavioral health recipient remains eligible for discharge/community placement.

        iii. All legal requirements have been met.

    b. Once a behavioral health recipient is placed on the Discharge Pending List, the T/RBHA must immediately take steps necessary to transition the behavioral health recipient into community-based treatment as soon as possible. The T/RBHA has up to thirty (30) days to transition the behavioral health recipient out of AzSH. The RBHA outpatient treatment team should identify and plan for community services and supports with the recipient's inpatient clinical team 60 – 90 days out from the recipients discharge date. This will allow sufficient time to identify appropriate community covered behavioral health services.

    c. When the behavioral health recipient has not been placed in a community placement setting within 30 days, a quality of care concern will be initiated by ADHS/DBHS.

6. Other contractual considerations

    a. AzSH acknowledges that it and its providers have an independent responsibility to provide mental health and/or dual diagnosis substance abuse services, including covered services, to eligible persons and that coverage or payment determinations

by the T/RBHA does not absolve AzSH or its providers of responsibility to render appropriate services to eligible persons.

b. AzSH must render and must ensure that contracted providers render covered services in a quality and cost effective manner pursuant to the T/RBHA applicable standards and procedures and in accordance with generally accepted medical standards and all applicable laws and regulations.

c. AzSH shall not discriminate against any eligible person based on race, color, gender identity, sexual orientation, age, religion, national origin, handicap, health status, or source of payment in providing services under this policy.

d. AzSH agrees to identify and initiate appropriate referrals to Children's Rehabilitation Services (CRS) for all eligible persons age 18 up to the age of twenty-one (21) years whose condition is identified as an eligible CRS diagnosis.

e. AzSH further agrees to comply with ADHS/DBHS policies regarding appropriate referrals to the ADES/DDD, and the AHCCCS/ALTCS programs.

f. The failure of AzSH to make referrals that are timely and adequate may result in denial of claims or recoupment depending upon AzSH's method of reimbursement.

g. Under the HIPAA regulations, confidential information must be safeguarded pursuant to 42 C.F.R. Part 431(F), A.R.S. §§ 36-107, 36-509, 36-2903, 41-1959, 46-135, A.A.C. R9-22, and any other applicable provisions of state or federal law.

7. Grievance and Appeal Process

a. AzSH agrees, and will ensure that its contracted providers agree to abide by and cooperate with the T/RBHA complaint, grievance, and appeal process maintained to fairly and expeditiously resolve eligible person's, provider's, and AzSH's concerns pertaining to any service provided; issues related to this policy; and/or allow an eligible person, provider, or AzSH to appeal a determination that a service is not medically necessary; and to resolve SMI eligible person allegations of rights violations under the ADHS/DBHS rules (A.A.C. R9-21) for SMI eligible persons.

b. Additionally the T/RBHAs and provider staff must comply with the AzSH complaint, appeal and grievance processes.

8. The Denial Process

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   a. All decisions by the T/RBHA to deny authorization for admission or continued stay must be made to the AzSH Utilization Manager via phone and followed by fax. The denial letter must specify the reason(s) for denial specifically applying the T/RBHA level of care criterion to each case.
   b. The AzSH Utilization Manager will request to appeal the T/RBHA decision in writing and document the date and time the formal appeal was requested in the behavioral health recipient's utilization management file.

9. Clinical Dispute Resolution Process

   Any disagreements between the T/RBHA and AzSH should be resolved in a collaborative manner and at the lowest possible level.

   a. Disputes regarding admission referrals may include but are not limited to:

      i. The patient does not have a mental disorder as defined in A.R.S. 36-501 (26),
      ii. The patient must be able to benefit from care and treatment at AzSH (A.R.S. 36-202),
      iii. AzSH level of care must be the most appropriate and least restrictive treatment option for the person (A.R.S 36-501 (22)),
      iv. The provision of appropriate, medically necessary covered behavioral health services must be consistent with treatment goals outlined on the admission application and individual needs identified in the course of treatment of individuals admitted to AzSH.

   b. Disputes regarding discharge referrals will be dealt with through the clinical team. If the dispute cannot be resolved within the clinical team, the AzSH treating psychiatrist will attempt to resolve the dispute through a telephonic conversation with the T/RBHA's provider psychiatrist.

   c. If the dispute continues to not be resolved, a telephonic conversation with the AzSH Chief Medical Officer (CMO) or Acting Designee and T/RBHA CMO or Acting Designee will occur. As appropriate, the discharge dispute will be documented in the order identified on the attached Dispute Resolution Form (Attachment C) and as indicated below.

i. The T/RBHA Chief Medical Officer (CMO) or Acting Designee or other referral source contacts AzSH CMO or Acting Designee.

ii. The decision is to be completed within a timely manner not to exceed three (3) working days.

iii. If the disagreement continues, the T/RBHA Chief Medical Officer or Acting designee or other referral source will contact the AzSH CEO or acting designee.

iv. The reconsideration decision is to be completed in a timely manner, not to exceed three (3) working days.

v. If the disagreement continues to be unresolved, the ADHS/DBHS Chief Medical Officer or Acting Designee will review all pertinent information.

vi. ADHS/DBHS will render a final determination within three (3) working days, and the written decision will be issued to both parties.

10. Claims, Billing and reimbursement

a. Claims

i. AzSH agrees to file claims for covered services in the form and manner required by the T/RBHA.

ii AzSH agrees to cooperate with the T/RBHA in providing any information reasonably requested in connection with claims and in obtaining necessary information relating to coordination of benefits, subrogation, verification of coverage, and health status.

iii. All claims will be submitted on a UB04 form or electronically.

iv The billing amount will be the filed program rate for the program in which the behavioral health recipient resides. The payment amount will be the lesser of the published amount in the B2 matrix or the program rate.

vi The T/RBHA must provide the name and address to which claims are to be sent in writing to the AzSH Finance Department and any changes thereof.

b. Time Frames

i. The claim will be submitted to the T/RBHA within six (6) months after the date of service.

ii Payment by the T/RBHA will be made within thirty/ninety (30/90) days upon receipt of clean claims. This standard will be based on the Center for Mental Health Services (CMS) requirement that 90% of clean claims be paid in thirty (30) days and 99% in ninety (90) days.

iii An explanation of any denials will be received from the T/RBHA within thirty/ninety (30/90) days of the T/RBHA receiving the initial claim submission.

iv. Resubmissions will be provided to the T/RBHA within thirty (30) days of the receipt of the denial.

c. Availability of Funds

i. Payments made by the T/RBHA to AzSH and the continued authorization of covered services are conditioned upon the receipt of funds by ADHS, and in turn, the receipt of funds to the T/RBHA from ADHS authorized for expenditure in the manner and for the purposes provided in this policy.

ii. The T/RBHA must not be liable to AzSH for any purchases, obligations, or cost of services incurred by AzSH in anticipation of such funding.

d. Indemnification

i. The T/RBHA agrees to indemnify and to hold AzSH harmless from any costs, claims, judgments, losses, damages, or expenses, including attorneys' fees,

which AzSH incurs because of the negligent acts or omissions of the T/RBHA, T/RBHA employees, agents, directors, trustees, and/or representatives.

ii. AzSH agrees to indemnify and to hold the T/RBHA harmless from any costs, claims, judgments, losses, damages, or expenses, including attorneys' fees, which the T/RBHA incurs because of the negligent acts or omissions of AzSH, AzSH employees, agents, directors, trustees,an d/or representatives.

11. T/RBHA External Medical Record Review

T/RBHA utilization review specialists may obtain information from the health record of the AzSH patient to review the utilization of the hospitals services. All procedures as outlined in this policy will be in compliance with standards set forth by the Joint Commission; the Centers for Medicare and Medicaid Services; and all federal, state and local laws, rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

Approved By:

6/28/10

Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

6/28/10

Rodgers Wilson, M.D. Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

DIVISION OF BEHALVIORAL HEALTH SERVICES DEFINITIONS
(Revised 11/01/11)

Abuse
The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency, which may occur under circumstances outside of a licensed sponsored activity.

Abuse (of child/minor)
The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section A.R.S. § 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes:
(a) Inflicting or allowing sexual abuse pursuant to section A.R.S. § 13-1404, sexual conduct with a minor pursuant to section A.R.S. § 13-1405, sexual assault pursuant to section A.R.S. § 13-1406, molestation of a child pursuant to section A.R.S. § 13-1410, commercial sexual exploitation of a minor pursuant to section A.R.S. § 13-3552, sexual exploitation of a minor pursuant to section A.R.S. § 13-3553, incest pursuant to section A.R.S. § 13-3608 or child prostitution pursuant to section A.R.S. § 13-3212.
(b) Physical injury to a child that results from abuse as described in section A.R.S. § 13-3623, subsection C.

Abuse (of incapacitated or vulnerable adult)
(a) Intentional infliction of physical harm.
(b) Injury caused by negligent acts or omissions.
(c) Unreasonable confinement.
(d) Sexual abuse or sexual assault.

Abuse Section 5.3
For purposes of this section 5.3, includes both physical and sexual abuse

Abuse Section 7.1
Provider practices that are inconsistent with sound fiscal business, or medical practices, and result in an unnecessary cost to the AHCCCS program, the State of Arizona or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes behavioral health recipient practices that result in unnecessary costs to the AHCCCS program and/or the State of Arizona.

Abuse Section 7.4
The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also

include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency, which may occur under circumstances outside of a licensed sponsored activity.

Action
The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of service;
- The failure to provide services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain services outside the network.

Acute Health Plan and Provider Coordinator
A person or persons identified by the T/RBHA to act as a single point of contact to respond to coordination of care inquiries from AHCCCS Health Plans, PCP's and other involved clinicians. This coordinator will be supervised by and have direct priority access to a Behavioral Health Professional (BHP) as described in R9-20-204 and performs the functions as described in the ADHS/RBHA Contracts and ADHS/Tribal IGA's.

ADHS/DBHS Documents
Include contracts, policies, plans, manuals, and clinical guidance documents that collectively describe all behavioral health system requirements and expectations.

ADHS/DBHS Medical Policies
Describe required clinical and medical functions pertaining to the direct provision of behavioral health services. The ADHS/DBHS Medical Director designates and signs all policies contained in DBHS Policy and Procedures Manual.

ADHS/DBHS Non-Title XIX/XXI Medication Formulary
The ADHS/DBHS formulary for Non-Title XIX/XXI persons.

ADHS/ DBHS Office of Grievance and Appeals
The Office of Grievance and Appeals is responsible for the administration and oversight of the administrative grievance and appeal processes. In addition, the Office of Grievance and Appeals investigates allegations of sexual abuse, physical abuse or the death of individuals determined to have a Serious Mental Illness (SMI). The purpose of the grievance and appeal processes is to resolve case specific issues and to remedy any systematic concerns that are identified.

ADHS/DBHS Office of Human Rights
The Office of Human Rights (OHR), established within ADHS/DBHS, is responsible for assisting individuals who have been determined to have a Serious Mental Illness (SMI) with understanding, exercising and protecting their rights through outreach and education, addressing systemic issues and direct advocacy assistance. OHR advocates assist individuals, primarily individuals in need of Special Assistance, with individual service planning and inpatient treatment/discharge planning and the grievance/investigation and appeal processes. The Office of Human Rights is also responsible for providing general oversight, addressing systemic issues and maintaining a list of all individuals in need of Special Assistance to help ensure that their needs are met.

ADHS/DBHS Policy Committee
Is the body responsible for the review and development of ADHS/DBHS policy. The ADHS/DBHS Policy Committee includes, at a minimum, ADHS/DBHS division and office representatives, family members, peers and other representatives as necessary.

ADHS/DBHS Public Comment
Means a stage of draft (ADHS/DBHS) documents whereby suggestions for revisions are elicited from providers, behavioral health recipients, family members, state agencies and other stakeholders. ADHS/DBHS considers suggested revisions collected during the public comment stage when finalizing ADHS/DBHS documents.

ADHS/DBHS Title XIX/XXI Medication Formulary
A list of minimum medications covered for Title XIX/XXI eligible persons that must be included on each T/RBHA formulary.

Addiction
Compulsion and craving to use alcohol or other drugs regardless of negative or adverse consequences.

Adjudication Hearing
In juvenile proceedings – during a fact finding session, the court determines whether or not there is sufficient evidence to sustain the allegations found in a petition. An adjudication hearing is the juvenile counterpart to an adult trial.

Administrative Appeal
An appeal to the ADHS/DBHS of a decision made by the Arizona State Hospital or a T/RBHA as the result of a grievance.

Administrative Hearing
A hearing conducted by the Office of Administrative Hearings under A.R.S. Title 41, Chapter 6, Article 10.

Administrative Review
The portion of the appeal process beginning with the initial filing of a formal written appeal by the provider with the TRBHA or ADHS/DBHS and concluding with the issuance of a final decision by a RBHA or ADHS/DBHS that advises of formal hearing rights under A.R.S 41-1092 et seq.

Adult Clinical Team
A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, their guardian (if applicable) and a qualified behavioral health representative. The team may also include members of the enrolled person's family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing disciplines related to the person's needs, or other persons identified by the enrolled person. For persons determined to have a serious mental illness, the clinical team consists of a team leader, a psychiatrist, case manager, vocational specialist, psychiatric nurse, and other professionals or paraprofessionals, such as a psychologist, social worker, consumer case management aide, or rehabilitation specialist, as needed, based on the client's needs.

Advance Directive
Federal regulations define an advance directive as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as

recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

Adverse Action or Decision
For purposes of this section means an action or decision taken by a T/RBHA or ADHS/DBHS for which a provider may file an appeal. This does not include disputes between a prospective service provider and a T/RBHA in connection to the T/RBHA's contract process.

Adverse Drug Event (ADE)
Any incident in which the use of a medication (drug or biologic) at any dose, a medical device, or a special nutritional product (for example, dietary supplement, infant formula, medical food) may have resulted in an adverse outcome in a consumer.

Adverse Drug Reaction (ADR)
An undesirable response associated with use of a drug that either compromises therapeutic efficacy, enhances toxicity, or both.

Age Groups The following age groups have been defined to provide consistency to data field requirements.			
0thru4	Birth through age 4 but not equal to age 5.	**5thru17**	Age 5 thru age 17 but not equal to age 18.
0thru17	Birth through age 17 but not equal to age18.	**5&Older** **18&Older**	Age 5 and older. Age 18 and older.

Alcohol and Drug Abuse Program
(42 CFR Part 2) An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment;

An identified unit within a general medical facility, which holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral to treatment;

Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers.

Alcohol and/or Drug Services, Intensive Outpatient Program (IOP)
Treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan, including assessment, counseling, crisis intervention and activity therapies or education.

American Indian Tribal Member
Any individual defined in 25UC16039(c)[IHCIA, Sec 4(13)], 1603(f) [IHCIA Sec. 4(28)] or 1679(b) [IHCIA Sec. 809(a)], or who has been determined eligible as an Indian pursuant to Section 136.12 of this part. This means the individual is:

(i) A member of a Federally-recognized Indian tribe;
(ii) Resides in an urban center and meets one or more of the following four criteria:
(A) Is a member of a tribe, band or organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, the first or second degree, of any such member;

(B) Is an Eskimo of Aleut or other Alaska Native;
(C)Is considered by the Secretary of the Interior to be an Indian for any purpose; or
(D) Is determined to be an Indian under regulations promulgated by the Secretary;
(iii) Is considered by the Secretary of the Interior to be an Indian for any purpose; or;
(iv) Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian Health care services, including as a California Indian, Eskimo, Aleut or other Alaska Native.

Annual Update
An annual review and documented update of a person's behavioral health assessment, treatment and progress toward meeting defined service goals over the past year. In addition to meeting with the person and other team members this involves a review of the person's behavioral health record including previous assessments, progress notes, medications, service plans and reviews, demographic and clinical data elements for the past 12 months.

Appeal AzSH
A request for review of an action. For purposes of this section, a request for review of a decision made by ADHS/DBHS, AzSH, a T/RBHA or a T/RBHA provider

Appeal Resolution
For purposes of this policy is the written determination by the RBHA or ADHS/DBHS, or AzSH concerning an appeal.

Appeal Section 5.2/GA 3.1
A request for review of an action, and for a person determined to have a serious mental illness, an adverse decision by a T/RBHA or ADHS/DBHS.

Appeal Section 5.1/GA 3.3
A request for review of an action.

Appeal Section 5.5/GA 3.5
For purposes of this section, a request for review of a decision made by ADHS/DBHS, a T/RBHA or a T/RBHA provider.

Appealable Agency Action
An action that determines the legal rights, duties, or privileges of a party.

Applicant
For purposes of this policy, includes an agency that has submitted an application for Title XIX Certification as a Community Service Agency.

Approval
The process by which ADHS/DBHS allows the use of a new technology or change in use of an existing technology or psychotherapeutic.

Arizona Department of Housing (ADOH)
A department established for state government in Arizona to assist in addressing needs for homes for working families. In an effort to allow for greater coordination and innovation of housing related services at the state level, the Legislature passed and Governor Jane Dee Hull signed HB2615 during the 2001 legislative session, establishing the Arizona Department of Housing (ADOH). The functions of this department were previously performed by the Arizona Department of Commerce.

Assessment
The ongoing collection and analysis of a person's medical, psychological, psychiatric and social conditions in order to initially determine if a behavioral health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals.

Attachment (relationship)
An enduring emotional connection between a caregiver and an infant/young child. Attachment is characterized by the child's tendency, when under stress, to seek contact, comfort and proximity to a specific individual ("attachment figure") who is perceived to be bigger, stronger, wiser, and more competent. If that person is available to the child for comfort or protection, s/he will be preferred over any other individual. Conditions which typically activate children's behavior for seeking comfort and security are fatigue, illness, fear, and other experiences of vulnerability. Infants are not born attached to anyone and early on respond to the various people they encounter in very similar (though not identical) ways. Over the course of the first year of life however, infants become increasingly selective about whom they regard as competent to protect and comfort them. The emergence of a discriminate attachment figure, an attachment to a specific other, typically occurs in the 7-9 month period of development, cross-culturally. Given the opportunity, infants typically form attachments to more than one person.

Attachment Behavior
Any form of behavior that results in a person attaining or retaining proximity to a specific and preferred individual for the purpose of achieving protection, comfort, and/or the feeling of security. A young child's attachment behaviors include crying, smiling,
calling, reaching, following, clinging, and protesting separations from attachment figures, the condition of being alone, or placement with a stranger. Attachment behaviors are designed to activate the caregiver's corresponding inclination to meet the child's need for protection, comfort, and/or the feeling of security.

Behavioral Health Category Assignment
One of five possible designations (i.e., child non-SED, child with SED, adult with SMI, adult non-SMI with general mental health need and adult non-SMI with substance abuse) that is assigned to each person enrolled in the ADHS/DBHS behavioral health system.

Behavioral Health Medical Practitioner
An individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience: a. A physician; b. A physician assistant; or c. A nurse practitioner.

Behavioral Health Paraprofessional
An individual who meets the applicable requirements in R9-20-204 and has:
a. An associate's degree;
b. A high school diploma; or
c. A high school equivalency diploma.

Behavioral Health Professional
An individual who meets the applicable requirements in A.A.C. R9-20-204 and is a licensed:
a. Psychiatrist,
b. Behavioral health medical practitioner,
c. Psychologist,
d. Social worker,

e. Counselor,
f. Marriage and family therapist,
g. Substance abuse counselor, or
h. Registered nurse with at least one year of full-time behavioral health work experience.

Behavioral Health Recipient
Any adult or child that receives services through ADHS/DBHS funded programs (including prevention activities for non-enrolled persons).

Behavioral Health Related Field
Includes psychology, sociology/social work, counseling (including chemical dependency), nursing, and social/human services-related fields with focus on behavioral health (for a list of behavioral health classes, see PM Attachment 3.20.1, Examples of College Classes Relevant to Behavioral Health).

Behavioral Health Representative
A behavioral health professional, a behavioral health technician or a paraprofessional who is responsible for assisting the team in treatment planning, securing behavioral health services, and any other processes requiring involvement or facilitation from the behavioral health system. The behavioral health representative can also be the Clinical Liaison or work under their clinical direction.

Behavioral Health Status
A person's overall emotional and psychological condition including the use of a person's cognitive and emotional capabilities, the ability to function in society, and other skills needed to meet the ordinary demands of everyday life

Behavioral Health Technician
An individual who meets the applicable requirements in A.A.C. R9-20-204 and:
a. Has a master's degree or bachelor's degree in a field related to behavioral health;
b. Is a registered nurse;
c. Is a physician assistant who is not working as a medical practitioner;
d. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
e. Has an associate's degree and at least two years of full-time behavioral health work experience;
f. Has a high school diploma or high school equivalency diploma and:
i. 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services and two years of full-time behavioral health work experience; or ii. Four years of full-time behavioral health work experience; or
g. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.

Behavioral Health Work Experience
For the purposes of this policy, behavioral health work experience includes paid work and volunteer work in the behavioral health field that is directly related to the services the direct service staff member intends to provide.

Best practices
Strategies, activities and approaches that have been shown to be effective, through research and evaluation at preventing and/or or delaying substance abuse, violence, or other problem behaviors.

Block Grant
Federal money allocated to states, cities, or counties for distribution to community groups, charities, and other social service providers, most often administered under the allocated agency's rules and regulations (also known as "formula" grant). URL: http://answers.hhs.gov/questions/3208

Bonding
The affectional tie and warm, loving commitment of the caregiver to the infant. Although, colloquially, the term "bonding" tends to be used interchangeably with the word "attachment" or the general concept of emotional connectedness, the literature tends to reserve this term for the caregiver's side of the attachment relationship.

Caregiver
An individual who has the principal responsibility for caring for a child or dependant adult.

Certification of Need (CON)
Certification by a physician that inpatient services, including treatment in inpatient hospitals (42 CFR 456.60); inpatient psychiatric facilities (inclusive of residential treatment centers and sub-acute facilities, 42 CFR 441.152); and mental hospitals (42 CFR 456.160) are or were needed at the time of the person's admission.

Certification of Need (CON) (42 CFR 441.152, 456.30, 456.160) QM 2.9/QM 3.0
A CON is a certification made by a physician that inpatient services are or were needed at the time of the person's admission to a Level I facility. Although a CON must be submitted prior to a person's admission (except in an emergency), a CON is not an authorization tool designed to approve or deny an inpatient service, rather it is a federally required attestation by a physician that inpatient services are or were needed at the time of the person's admission. The decision to authorize a service that requires prior authorization is determined through the application of admission and continued stay authorization criteria. In the event of an emergency, the CON must be submitted:

- For persons age 21 or older, within 72 hours of admission; and
- For persons under the age of 21, within 14 days of admission.

Change
Any modification to a client's status on any demographic record field that occurs after the Demographic has been accepted by ADHS/DBHS.

Child
An individual who is under eighteen years of age.

Child and Adolescent Service Intensity Instrument (CASII)
The CASII is a tool to determine the appropriate service intensity for a child or adolescent. The CASII assessment method consists of quantifying the clinical severity and service needs on six dimensions (eight ratings) that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a rating spectrum along which a child/adolescent may score on any given dimension. This can be done for any child/adolescent ages 6-18 in any setting regardless of diagnosis or the system with which the child is involved. The instrument also considers three distinct types of disorders: psychiatric disorders, substance use disorders, or developmental disorders (including autism and mental retardation), and has the ability to integrate these as overlapping clinical issues. Once the dimensional ratings are

done, the scores are combined to generate a service intensity recommendation.

Child and Family Team
The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and i invited to participate by the child and family . This may include, for example, teachers, extended family, members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like CPS or DDD. etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

Child and Family Team (CFT) Facilitator
Although, individuals other than the behavioral health service provider may lead a CFT meeting, ultimately the behavioral health service provider is responsible for facilitating the CFT practice. If designated by the CFT, a team member may assume responsibility for leading team meetings and moderating discussions to facilitate consensus in the development of Service Plan goals and interventions. Individuals other than behavioral health service providers (i.e. family members, Child Protective Services' case managers, and natural supports) can learn to lead effective Child and Family Team meetings.

Children with Complex Needs
Children who are identified as being at level 3, 4, 5, or 6 using the CASII.

Children with Standard Needs
Children who are identified as being at level 0, 1, or 2 using the CASII.

Claim
A service billed under a fee-for-service arrangement.

Claim Dispute
A dispute involving a payment of a claim, denial of a claim or imposition of a sanction.

CLAS Standards
The collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, OMH, 2001).

Clean Claim
A claim that may be processed without obtaining additional data from the provider of service or from a third party but does not include claims under investigation for fraud and abuse or claims under the review for medical necessity.

Client Information System (CIS)
The data system used by ADHS/DBHS

Clinical Liaison

A behavioral health professional or a behavioral health technician who has been credentialed and privileged by the T/RBHA or their designee in accordance with ADHS/DBHS requirements to perform this function. The clinical liaison:
• Assumes the primary responsibility of clinical oversight of the person's care
• Ensures the clinical soundness of the assessment/treatment process
• Serves as the point of contact, coordination and a communication with the person's team and other systems where clinical knowledge is important.

Clinical Teams
A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental health or social service providers including professionals representing disciplines related to the person's needs, or other persons that are not health, mental health or social service providers identified by the person or family. Clinical teams include Child and Family Teams and Adult Clinical Teams.

Closure
The HIPAA compliant transmission of information to terminate a client's enrollment in the ADHS/DBHS behavioral health service delivery system. For TXIX/XXI individuals, this information is provided from AHCCCS to ADHS/DBHS, and from ADHS/DBHS to the T/RBHAs. For NTXIX/XXI individuals, this information is provided to ADHS/DBHS from the T/RBHAs

Commonly Encountered LEP Groups
A significant number or percentage of the population eligible to receive services, or likely to be directly affected by the covered entity's (ADHS) programs who need services or information in a language other than English to communicate effectively. All vital materials shall be translated when a language is spoken by 1,000 or 5% (whichever is less) of members who have LEP in that language. Vital materials include, at a minimum, notices for denials, reductions, suspensions or terminations of services, and consent forms. All materials shall be translated when a language is spoken by 3,000 or 10% (whichever is less) of members who have LEP.

Community-Based Services
Services that are provided in the home and community rather than in offices or institutions. In addition, to fully be considered community-based services, they must be provided in partnership with the family and preserve the child's cultural and ethnic ties. Source: "Everything is normal until proven otherwise – a book about wraparound services" Dennis, K. & Lourie, I. (2006)

Community Service Agency (CSA)
A provider (provider type A3) of non-licensed behavioral health services. Agencies or organizations must be certified by ADHS/DBHS and registered with AHCCCS to provide services for Title XIX and Title XXI members.

CSA Contractor
An independent entity contracting with a Community Service Agency to provide services. CSA Contractors must exclude T/RBHAs and Office of Behavioral Health Licensure (OBHL) licensed facilities.

Complaint
An expression of dissatisfaction with any aspect of care other than the appeal of an action for Title XIX/XXI behavioral health recipients. Complaints include, but are not limited to; concerns about the quality of care or services provided, aspects of interpersonal relationships with behavioral health service providers, and lack of respect for behavioral health recipients' rights.

Complementary and Alternative Medicine (CAM)
A broad range of healing philosophies (schools of thought), approaches and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand, or make available. A few of the many CAM practices include the use of acupuncture, ayurveda, herbs, homeopathy, naturopathy, therapeutic massage, and traditional Oriental medicine to promote well-being or treat health conditions.

Condition Requiring Investigation
An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with Serious Mental Illness.

Confidential HIV Information
Information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

Co-payment
A fixed monetary amount that a member pays directly to a contractor or provider at the time covered services are rendered.

Corrective Action
An action taken to improve the performance of the T/RBHA and/or its contracted provider to enhance quality management/performance improvement activities and the outcomes of the activities; or to correct a deficiency.

Corrective Action Plan (CAP)
A written work plan that includes goals and objectives, steps to be taken, and methodologies to be used to accomplish CAP goals and objectives, as well as the staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve the performance of the RBHAs and/or their contracted providers, to enhance QM/PI activities and the outcomes of the activities, and/or to correct a deficiency.

Cost avoidance
Avoiding payment of claims when third party payment sources are available.

Cost sharing
T/RBHA payment on behalf of behavioral health recipients for Medicare and private insurer costs, including premiums, deductibles and coinsurance.

Court Ordered Evaluation
A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:

(a) Two licensed physicians, who shall be qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that he may select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if he is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in his training, and if the supervising psychiatrist is available for discussion with the attorneys for all

parties and for court appearance and testimony if requested by the court or any of the attorneys.

(b) Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services which may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.

COT Court Ordered Treatment
In accordance with the A.A.C. R9-21-101 and A.R.S. § 36-533 In Arizona, an individual can be ordered by the court to undergo mental health treatment if found to fit one of the following categories due to a mental disorder:

- A Danger to Self;
- A Danger to Others;
- Gravely Disabled, which means that the individual is unable to take care of his/her basic physical needs; or
- Persistently or Acutely Disabled, which means that the individual is more likely to suffer severe mental or physical harm that impairs his/her judgment such that the person is not able to make treatment decisions for himself.

Credentialing
Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

Crisis
An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

Crisis Episode
A short enrollment is allowed for crisis only individuals who are not transferred to on-going care. Only a minimum data set needs to be collected. See the Demographic Data Set User Guide for fields. These fields must be gathered within 45 days after the start of the episode of care and submitted to ADHS/DBHS within 55 days.

Crisis Intervention Services
Services provided to a person for the purpose of stabilizing an acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

Crisis Intervention Services (Inpatient Stabilization, Facility Based)
Crisis intervention services provided at a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency (see AAC R9-20-101(37)). Persons may walk-in or may be referred/transported to these settings.

Crisis Intervention Services (Mobile, Community Based)
Crisis intervention services provided by a mobile team or individual who travels to the place where the person is experiencing the crisis (e.g., person's place of residence, emergency room, jail, community setting) to:

- Stabilize acute psychiatric or behavioral symptoms;
- Evaluate treatment needs; and
- Develop plans to meet the needs of the persons served.

Depending on the situation, the person may be transported to a more appropriate facility for further care (e.g., a crisis services center).

Crisis Intervention Services (Telephone)
Crisis intervention (telephone) services provided by qualified service providers within the scope of their practice to triage, refer and provide telephone-based support to persons in crisis. This is often the first place of access to the behavioral health system. This service may also include a follow-up call to ensure the person is stabilized.

Cross-tapering
A process by which one medication is added to a person's medication regime, and its dosage gradually increased, while the dosage of another medication that has been prescribed for the same clinical purpose is gradually reduced and discontinued. This provides a safe and cautious way to substitute one medication for another.

Cultural Competence
A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by behavioral health recipients and their communities.

Culture
Are the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Culture defines:

- How health care information is received;
- How rights and protections are exercised;
- What is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given.

In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture (Katz, Michael. Personal communication, November 1998).

Culture
The shared values, norms, traditions, customs, arts, history, folklore, music, religion, and institutions of a group of people.

Culturally based
Developed in collaboration with or by the targeted population.

Culturally Competent Agencies and Individuals
Culturally competent agencies and individuals are characterized by their understanding of and respect for the differences between and among diverse groups (i.e., acknowledging and incorporating acceptance of customs, values, and beliefs of different groups); continuing self-

assessment regarding culture; careful attention to the dynamics of difference; continuous expansion of cultural knowledge and available resources; and appropriate adaptations of service models to better meet the needs of diverse populations. Culturally competent agencies strive to hire culturally competent employees and individuals; seek advice and consultation from diverse communities; and actively assess their capability of providing responsive services to diverse clients. Culturally competent agencies are committed to strategies and practices that enhance services to diverse individuals, families, and communities.

Culturally Competent Care
Children and their families receive services from all staff members that are effective, understandable, and respectful and are provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Culturally relevant
A prevention program, message, or strategy development that is meaningful to the identified population.

Curriculum
A written document which details the workshops, lessons, and/or presentations used in life skills education, parent/family education, public information& marketing, alternative activities, community education, and/or training services.

Danger to Others (DTO)
The judgment of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm to others.

Danger to Self (DTS)
(a) Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.
(b) Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled

Dangerous
A condition that poses or posed a danger or the potential of danger to the health or safety of a person with Serious Mental Illness.

Day
A calendar day unless otherwise specified.

De-Identified Health Information
Health information that neither identifies nor provides a reasonable basis to identify an individual.

Demographics
The data set captured in the Demographic Data Set User Guide.

Denial
The decision to deny an initial request made by, or on behalf of, a behavioral health

recipient for the authorization of a covered service.

Dependent Adult
A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by department rule. (definition from Iowa Human Services Dept)

Depo-medications
Medications which require intramuscular administration.

Descriptive Characteristics
Information used to profile clients at intake and during treatment in the behavioral health system and includes the following areas:
- Socio-demographic profile;
- Treatment characteristics;
- Participation status;
- Medical condition;
- Other agency involvement;
- Special fund source identifier; and
- Served by CFT.

Designated Child Psychiatric Provider
T/RBHA Child Medical Director or assigned licensed child and adolescent psychiatrist who is responsible for approving medication requests and maintaining clinical documentation for children birth to five years of age for a designated clinic(s) or geographic service area within the T/RBHA. The T/RBHA holds this individual responsible for compliance monitoring related to birth to five prescribing practices.

Designated T/RBHA
The T/RBHA responsible for the geographic service area where an eligible person has established his/her residence.

Designated Record Set
(45 C.F.R. § 164.501) A group of records maintained by or for a covered entity that is: the medical and billing records about individuals maintained by or for a covered healthcare provider; the enrollment, payment claims adjudication, and case or medical management record systems maintained by or for a health plan; or used, in whole or in part, by or for the covered entity to make decisions about individuals. For purposes of this definition, record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for a covered entity.

Detention
The temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation (A.R.S. 8-201).

Direct service staff member
For purposes of this policy, includes a qualified Community Service Agency employee, contractor or volunteer providing behavioral health rehabilitation and/or support services to eligible and enrolled persons.

Disability

A physical or mental impairment which substantially limits one or more major life activities, or an individual who has a record of such impairment or is regarded as having an impairment (U.S.C. Title 42 Chapter 126 Section 12102 (2)).

Discharge Pending List
Is the list maintained by AzSH, with the individual's name that meet the criteria specified at the Transition to Community Placement Setting section from the Policy and Procedures M.I 5.5 Arizona State Hospital.

Disenrollment
Applies only to NTXIX individuals. The HIPAA-compliant transmission, by a behavioral health provider to a T/RBHA and by a T/RBHA to ADHS, of information to terminate a client's enrollment in the ADHS/DBHS behavioral health service delivery.

Disposition Hearing
A hearing conducted after a juvenile is adjudicated or admits to the delinquent/incorrigible act, to determine the most appropriate placement of the juvenile. Other consequences may also be assigned at a disposition hearing. A disposition hearing is the juvenile counterpart to sentencing in an adult trial.

Disposition Report
A report developed by a Juvenile Probation Officer with insights from other involved parties (e.g., behavioral health system representatives) that includes recommendations for placement and ongoing behavioral health services subsequent to the Dispositional Hearing. The Disposition Report is presented to the judge at the Disposition Hearing.

Domestication or Recognition of Tribal Court Order
The process in which the judicial orders and judgments of tribal courts within the state of Arizona, are recognized and have the same effect and are subject to the same procedures, defenses, and proceedings as judgments of any court of record in the state as indicated in A.R.S. 12-136.

Drug used as a Restraint, Sub-Acute Agency
(A.A.C. R9-20-101) A pharmacological restraint as used in A.R.S. § 36-513 that is not standard treatment for a behavioral health recipient’s medical condition or behavioral health issue and is administered:

a. To manage a behavioral health recipient’s behavior in a way that reduces the safety risk to the person or others; and
b. To temporarily restrict the behavioral health recipient’s freedom of movement.

Dual eligible
Refers to a behavioral health recipient who is eligible for both Title XIX and Medicare services. There are two types of dual eligible behavioral health recipients: those eligible for Qualified Medicare Beneficiary (QMB) benefits (QMB dual), and Medicare beneficiaries that are not eligible for QMB benefits (Non-QMB dual).

Early Intervention
Identification of individuals with suspected behavioral health problems for the purpose of addressing the problems before they get worse. It may involve referring individuals for assessment and treatment for example, and routine evaluations done by health care providers.

Edit
A check to ensure that data in a field is valid and complete.

Emergency Behavioral Health Services
Covered inpatient and outpatient services provided after the sudden onset of an emergency behavioral health condition. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency behavioral health condition.

Emergency Safety Situation
(42 CFR 483.352) Unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for the use of restraint or seclusion as an immediate response.

Emerging Family Leaders
A diverse cadre of family leaders who have been actively involved in the planning of their own children's care and is interested in making a positive impact in the quality of services and supports delivered to all children and families in their community. These emerging leaders are supported, coached and mentored, and trained by family members who are further in their journey. For diversely identified communities, the term "Emerging Family Spokesperson" may be more appropriate than Emerging Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

Emotional abuse
A pattern of ridiculing or demeaning a vulnerable adult, making derogatory remarks to a vulnerable adult, verbally harassing a vulnerable adult or threatening to inflict physical or emotional harm on a vulnerable adult.

Empowerment
An intentional, dynamic, ongoing process involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources.

Encounter
A record of a covered service rendered by a provider to a person enrolled with a capitated RBHA on the date of service.

Engagement
The establishment of a trusting relationship, rapport and therapeutic alliance based on personal attributes, including empathy, respect, genuineness and warmth.

Enrolled Person
A Title XIX/XXI or Non-Title XIX/XXI eligible person recorded in the ADHS/DBHS Information System as specified by ADHS/DBHS**.**

Enrollment
The process by which a person is enrolled into the Contractor and ADHS/DBHS data system.

Episode of Care
The period between the beginning of treatment and the ending of behavioral health services for an individual. Within an episode of care, a person may transfer to a different service, facility, program or location. The beginning and end of an episode of care is marked with a demographic file submission. Over time, an individual may have multiple Episodes of Care.

Evidence Based
Programs or practices which have several of the characteristics listed below: replication, sustained effects, published in a peer reviewed journal, a control group study, cost benefit analysis, adequately prepared and trained staff, appropriate supervision, include assessment

and quality assurance processes, consumer and family involvement, cultural, gender, and age appropriateness, and coordination of care.

Evidence Based Practice
Practices, based on research findings and expert or consensus opinion in regard to available evidence, that are expected to produce a specific clinical outcome.

Experimental or investigational therapies
Treatments which are not generally considered standard of care within the psychiatric medical community. In addition, these therapies are not usually considered a covered benefit by the state and federal statute.

Explanation of Benefits
Forms that are sent by payors to both enrollees and providers. Explanation of Benefits (EOBs) provide necessary information about claim payment information and patient responsibility amounts. Patient responsibility amounts are needed for accurate patient balance billing.

Exploitation
The illegal use of a client's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.

Exploitation (of incapacitated or vulnerable adult)
The illegal or improper use of an incapacitated or vulnerable adult or his/her resources for another's profit or advantage.

Family
The primary care-giving unit, inclusive of the wide diversity of primary care-giving units in our culture. Family therefore is a biological, adoptive or self-created unit of people residing together and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. Persons within this unit share bonds, culture, practices and significant relationships. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.

Family-Driven Care
Family-driven care means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes choosing culturally and linguistically competent supports, services and providers; setting goals; designing, implementing and evaluation programs; monitoring outcomes; and partnering in funding decisions.

Family-focused Therapy
Involves all members of the family unit and provides psychoeducation about the nature of the mental illness and therapeutic interventions that address the family dynamics and relationships that may be contributing to conflicts within the family.

Family Involvement
Meaningful family involvement occurs when positive outcomes are linked with system characteristics. Successful outcomes are directly linked with strategies that provide families with a cluster of three attributes: access, voice and ownership.

- **Access** occurs when youth and family members are offered valid opportunities for inclusion in the process of deciding what sort of services will be provided and how they will be delivered, In other words, family members have a seat at the table when the real work of planning is taking place.

- **Voice** is present when youth and family members not only have a seat at the planning table but actually have an opportunity to present their perspectives and to be heard during the planning process.
- **Ownership** exists when youth and family members feel a sense of commitment to the course of action which has been developed through the planning process, identify with it, and believe it to be worthwhile.

(From *Access, Voice and Ownership: Examining Service Effectiveness from the Family's Perspective* by Patricia Miles and John Franz http://paperboat.com/images/stories/ArticleArchive/Access%20Voice%20&%20Ownership.pdf)

Family Leaders
A diverse cadre of family members who consistently and effectively are the collective voice of families in shaping community response to children with emotional behavioral, mental health and substance abuse challenges. For diversely identified communities, the term "Family Spokesperson" may be more appropriate than Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

Family Member
(A.R.S. § 36-501) A spouse, parent, adult child, adult sibling, or other blood relative of a person undergoing treatment, evaluation, or receiving community services.

Family Member Section 5.4
A parent or caregiver who has raised or is currently raising a child with emotional, behavioral or mental health challenges and has experience navigating the children's behavioral health system. This is inclusive of youth and adolescents diagnosed with serious emotional disturbance up to age 22 if the adolescent is being served by an Individual Education Program (IEP) or up to age 26 if the young adult is being served by an Individual Service Plan (ISP) in transition to the adult mental health system.

Family-Professional Partnerships
In this collaborative partnership, professionals and family members are equal partners. " 'Equal partners' does not mean that parents and professionals assume each others' roles, but rather that they respect each others' roles and contributions. While professionals bring technical knowledge and expertise to this relationship, parents offer the most intimate knowledge of their children, and often special skills." (Allen & Petr, 1998)

Family-Run Organizations
A family-run organization is an organization that has a board of directors made up of more than 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being served by an Individual Education Plan (IEP) or up to 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system.

Fee-for-Service
A fee paid for each service based on actual utilization of services, using payment rates set for units of care provided.

Filed
The date on which the claim dispute is received by the RBHA or ADHS/DBHS.

Flex funds
Funds utilized to purchase any of a variety of one-time or occasional goods and/or services needed for enrolled persons (children or adults) and their families, when the goods and/or

services cannot be purchased by any other funding source, and the service or good is directly related to the enrolled person's service plan.

Fraud
An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to the person or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

Gatekeeper
An individual who has access to a group of people.

General Consent
A voluntary written agreement to receive behavioral health services

Geographic Service Area (GSA)
Is a specific county or defined grouping of counties that are available for contract award. The Contractor is responsible to provide covered services to eligible residents of their contracted GSA (s) except as otherwise stated in the ADHS/RBHA contracts and ADHS/TRBHA IGAs.

Gravely Disabled (GD)
A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs.

Grievance or Request for Investigation
For purposes of this section means a complaint that is filed by a person with SMI or other concerned person's regarding a violation of the person with SMI's rights or a condition requiring an investigation.

Guardian
An individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5.

Guilty Except Insane (GEI)
(After 1996) means that at the time of the commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong. Mental disease or defect does not include disorders that result from acute voluntary intoxication or withdrawal from alcohol or drugs, character defects, psychosexual disorders, or impulse control disorders. (Persons designated GEI are placed under the authority of the Psychiatric Security Review Board (PSRB) for a term of commitment equivalent to their sentence had they been convicted and sent to prison.)

Habilitation Provider
A home and community based service provider certified through the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) and registered with the AHCCCS Administration.

HB 2003 Permanent Housing Programs
The HB 2003 permanent housing program is a legislative appropriation for housing and housing related services. ADHS/DBHS used these funds to purchase homes and apartments through non-profit organizations who serve as contracted housing administrators. Each tenant pays a percentage of his/her adjusted income towards rent and sign and abide by the Arizona Residential Landlord Tenants Act and property lease agreements.

Health Care Decision-Maker
An individual who is authorized to make health care treatment decisions for a person, including the parent of a minor or an individual who is authorized pursuant to A.R.S., Title 14, Chapter 5, Article 2 or 3, or A.R.S. §§ 36-3221, 36-3231

Health Care Power of Attorney
A person who is an adult may designate another adult individual or other adult individuals to make health care decisions on that person's behalf by executing a written health care power of attorney that meets all the following requirements:

- Contains language that clearly indicates that the person intends to create a health care power of attorney;
- Is dated and signed or marked by the person who is the subject of the health care power of attorney [except as provided under A.R.S.§ 36-3221 (B)]; and
- Is notarized or is witnessed in writing by at least one adult who affirms the notary or witness was present when the person dated and signed or marked the health care power of attorney [except as provided under A.R.S.§ 36-3221 (B)] and that the person appeared to be of sound mind and free from duress at the time the of execution of the health care power of attorney.

Health Care Professional
A physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.

Health Care Provider
Any person or organization that furnishes, bills or is paid for health care.

Health Disparities
According to The Office of Minority Health, is the significant difference between one population and another. The Minority Health and Health Disparities Research and Education Act of 2000, describe these disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates".

HIPAA
(Health Insurance Portability and Accountability Act of 1996) (45 C.F.R. §§ 160.103 and 164.501) A federal law that includes a section on administrative simplification requiring standardization of electronic date interchanges and greater protection of confidentiality and security of health data. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations," "designated record set" and "protected health information."

HITECH Act
Health Information Technology for Economic and Clinical Health Act (Title XIII, Subsection D of the American Recovery and Reinvestment Act of 2009 (ARRA). Expands the HIPAA Privacy and Security Rules and increases the penalties for HIPAA violations.

HIV-Related Information (A.R.S. § 36-661)
Information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

Home Care Training to Home Care Client (HCTC) Provider
Home Care Training to Home Care Client services are delivered by a Department of Economic Security (DES)-licensed professional foster home to a child residing in the professional foster home. HCTC services assist and support a child in achieving his/her behavioral health service plan goals and objectives. HCTC services include supervision and the provision of covered behavioral health support and rehabilitation services, including personal care, psychosocial rehabilitation, skills training and development, behavioral interventions and transportation to behavioral health appointments and services including counseling and to facilitate participation in treatment and discharge planning. The Covered Behavioral Health Services Guide allows for exceptions to billing limitations, if additional supports are needed for the HCTC provider. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note.

Home T/RBHA
The T/RBHA with which the person is currently enrolled.

Homeless
As defined in 42 U.S.C. § 11302, the term "homeless" or "homeless individual or homeless person" includes-
1. An individual who lacks a fixed, regular, and adequate nighttime residence; and
2. An individual who has a primary nighttime residence that is –
    A. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
    B. An institution that provides a temporary residence for individuals intended to be institutionalized; or
    C. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Housing
ADHS/DBHS and T/RBHA funded or partially funded independent housing; Supported Housing (H0043) as defined in the ADHS/DBHS Covered Behavioral Health Services Guide; and/or federally funded or mixed federal/state funded housing.

Housing Administrator
Non-profit organization contracted by the RBHA or a non-profit RBHA that administers housing grants and programs.

Housing Referral
A written authorization from the RBHA for the provision of covered services to an eligible member. The Housing Referral will constitute the agreement of the provider to provide services identified in the tenant's ISP. Housing Referrals will be in such form and format determined by the RBHA.

Office of Human Rights (OHR)
The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances. Advocates coordinate and assist Human Rights Committees in performing their duties.

Human Rights Committees
Human Rights Committees are established by state statute to provide independent oversight

and to ensure the rights of enrolled persons are protected. There is one Human Rights Committee established for each region and the Arizona State Hospital, with each committee providing independent oversight and review within its respective jurisdiction.

Illegal
An incident or occurrence that is or was likely to constitute a violation of a state or federal statute, regulation, court decision or other law.

Immediate Response
An expedited and instant response to a person who may be in need of medically necessary covered behavioral health services. An immediate response should be initiated without delay, within a timeframe indicated by the person's clinical needs, but no later than two hours from the initial identification of need.

In-network services
Services provided by Tribal and Regional Behavioral Health Authority (T/RBHA) contracted providers.

Incapacitated Person
Any person who is impaired by reason of a mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person.

Incident or Accident
Include the following:

a) Deaths;
b) Medication error(s) requiring medical services;
c) Adverse reaction to medications requiring medical services;
d) Suicide attempt requiring medical services;
e) Self-inflicted injury requiring medical services;
f) Suspected or alleged abuse;
g) Suspected or alleged neglect;
h) Suspected or alleged exploitation of client;
i) Physical injury occurring on premises or during a licensee-sponsored activity requiring medical services;
j) Food poisoning requiring medical services;
k) Unauthorized absence from a residential agency, inpatient treatment program, Level IV transitional agency providing services to clients under the age of 18, or an adult in a therapeutic foster home;
l) Physical injury that occurs as the result of a personal or mechanical restraint;
m) Suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises;
n) Incidents or allegations of violations of the rights contained in A.A.C. R9-20-203 for all enrolled persons or in 9 A.A.C. 21, Article 2 for persons determined to have a Serious Mental Illness; and
o) Discovery that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202 (A) or (B)

Independent Community Housing
A setting where a person can live either alone or with a roommate in a home or apartment without on-going daily supervision from behavioral health providers. Options include: HUD Section 8 programs through local Public Housing Authorities; Low-income subsidized housing through local non-profit organizations; Shelter Plus Care and Supportive Housing Programs funded with federal grants and administered by RBHA contracted housing providers; State

subsidized rental units; and Permanent Houses and apartments purchased with HB 2003 funding.

Independent Licensed Practitioners
Behavioral health professionals who are Physicians (MD and DO), Licensed Psychologists, Nurse Practitioners, or Physician Assistants and the following behavioral health professionals who are licensed by the Arizona Board of Behavioral Health Examiners and authorized to practice without direct supervision: Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Independent Substance Abuse Counselors.

Independent Living Setting
A setting in which a person lives without supervision or in-home services provided by a T/RBHA or subcontracted provider agency.

Individual
Any person currently or previously enrolled in a T/RBHA.

Individually Identifiable Health Information
(45 C.F.R. § 160.103) Information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

Infant and Early Childhood Mental Health
The ability of children from birth to age five to grow, develop and learn in a way that enhances their psychological, physical, social and emotional health both as an individual and in relationship to their caregivers, environment and culture with respect for each child's uniqueness.

Informed Consent
A Voluntary agreement, oral or written, except when explicitly required to be written, following presentation of all facts necessary to form the basis of an intelligent consent by the person or guardian prior to the provision of specified behavioral health services.

Inhumane
An incident, condition or occurrence that is demeaning to a person with Serious Mental Illness or which is inconsistent with the proper regard for the right of the person to humane treatment.

Inpatient Services
A behavioral health service provided in a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

Inpatient treatment and discharge plan or "ITDP"
Is the written plan for services to a client prepared and implemented by an inpatient facility in accordance with the R9-21-101, *et seq.*

Institution for Mental Disease (IMD)
A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. An institution is an IMD if its overall character is that of a facility established and maintained primarily for the

care and treatment of individuals with mental diseases.

Institutionalized individual
An institutionalized individual means a full-benefit dual eligible individual who is an inpatient in a medical institution or nursing facility for which payment is made under Medicaid throughout a month, as defined under section 1902(q)(1)(B) of the Act.

Intake
The collection by appropriately trained T/RBHA/provider staff of basic demographic information about a person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any copayments

Intake / Enrollment
The collection by appropriately trained T/RBHA/provider staff of basic information about a Non-Title XIX/XXI eligible person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any copayments.

Inter-class Polypharmacy
Defined as more than three medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record must contain documentation specifically describing the rationale and justification for the combined use.

Interim and Ongoing Individual Service Plans
A written description of the behavioral health services and other informal supports that have been identified through the assessment and treatment planning process that address immediate needs and assist the person to meet his/her specified goals.

Interpretation
The transfer of oral speech from a source language into a target language while maintaining the speaker's intent.

Interventions
A service, practice, treatment or variable that can create change.

Intra-class Polypharmacy
Defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

Lawful Presence
The designation given to a non-U.S. citizen who is living in the United States with permission as granted by the Department of Homeland Security, U.S. Citizenship and Immigration Service (USCIS), or at the approval of the Attorney General of the United States

Letter of Authorization (LOA)
A correspondence from the T/RBHA to AzSH approving continued stay in AzSH.

Level I Inpatient Treatment Program
A program licensed per 9 A.A.C. 20 and includes a psychiatric acute hospital (including a psychiatric unit in a general hospital), a residential treatment center for persons under the age of 21, or a sub-acute facility.

Level II Facility
A facility licensed per 9 A.A.C. 20.

Level III Residential Setting
These facilities provide continuous 24-hour supervision and intermittent treatment in a group residential setting to persons who are determined to be capable of independent functioning but still need some protective oversight to insure they receive needed services.

Limited Authorization
A service authorization that falls short of the original request, with respect to either the duration, frequency, or type of service requested.

Limited English Proficiency (LEP)
Persons who have difficulty speaking, reading, writing or understanding the English language due to many reasons such as:

- Were not born in the United States or whose native language is a language other than English; or
- Come from environments where a language other than English is dominant; or
- Come from environments where a language other than English has had a significant impact on their level of English language proficiency.

Linguistic Competence
The capacity of an organization and its personnel to effectively communicate in a manner that is easily understood by diverse audiences including persons of Limited English Proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g. consent forms, confidentiality and recipient rights statements, release of information, member handbooks and health education materials).

Mechanical Restraint
(42 CFR 482.13(1)(i)) A physical or mechanical device, material, or equipment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove that restricts the freedom of movement or normal access to one's body, but does not include a device, material or equipment:
a. Used for surgical or orthopedic l reasons; or
b. Necessary to allow a person to heal from a medical condition or to participate in a treatment program for a medical condition.

Mechanical Restraint, Sub-Acute Agency
(A.A.C. R9 20-101) Any device, article, or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the behavioral health recipient's freedom of movement or normal access to the behavioral health recipient's body but does not include a device, article, or garment:
a. Used for surgical or orthopedic purposes, or
b. Necessary to allow a behavioral health recipient to heal from a medical condition or to participate in a treatment program for a medical condition.

Medical Behavioral Health Practitioner
An individual licensed and authorized by law to use and prescribe medication and

devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience: a. A physician; b. A physician assistant; or c. A nurse practitioner.

Medical Institution
Acute care hospital, psychiatric hospital (non-Institution for Mental Disease), Residential Treatment Center (non-IMD), Intermediate Care Facility for People with Mental Retardation (ICF/MR), psychiatric hospital – IMD, Residential Treatment Center – IMD or Skilled Nursing Facility (SNF).

Medical Records
(A.R.S. § 12-2291) All communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of evaluation or treatment, including records that are prepared by a health care provider or by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities.

Medically Necessary Covered Services
Behavioral health services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life that are aimed at achieving the following:
• The prevention, diagnosis, and treatment of behavioral health impairments;
• The ability to achieve age-appropriate growth and development; and
• The ability to attain, maintain, or regain functional capacity.

Medicare Advantage Prescription Drug Plan (MA-PD)
A Medicare Advantage plan that provides qualified prescription drug coverage.

Medication Error
Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Member Information Materials
Any materials given to a behavioral health recipient. This includes, but is not limited to; member handbooks, member newsletters, surveys, and health related brochures and videos. It also includes templates of form letters and Web site content as well.

Mental Disorder
A substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
(a) Conditions that are primarily those of drug abuse, alcoholism or mental retardation, unless, in addition to one or more of these conditions, the person has a mental disorder;

(b) The declining mental abilities that directly accompany impending death; and

(c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

Mental Health Agency

"Mental health agency" includes a regional authority, service provider, inpatient facility, or an agency licensed to conduct screening, evaluation and treatment under this Chapter.

Mental Health Care Power of Attorney
A designated agent who may make decisions about mental health treatment on behalf of a person if the person is found incapable. These decisions shall be consistent with any wishes the person has expressed in the mental health care directive, mental health care power of attorney, health care power of attorney or other advance directive.

Mental Health Provider
Any physician or provider of mental health or behavioral health services involved in evaluating, caring for, treating or rehabilitating a patient.

Mental Retardation (MR) [1]
For purposes of this policy, and as defined by the American Association on Mental Retardation. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Per Federal guidelines, the impairment must be manifested before age 22. The impairment must be likely to continue indefinitely and result in substantial functional impairments in major life activities.

[1] Please note that the American Association on Mental Retardation is currently the American Association on Intellectual and Developmental Disabilities (AAIDD) and Mental Retardation is currently referred to as "Intellectual disability". This policy reflects terminology in accordance with the 42 C.F.R. 483.103(3)(i).

Mistreatment
An intentional, reckless or negligent action or omission that exposes a behavioral health recipient to a serious risk of physical or emotional harm. Mistreatment includes but is not limited to:

- Abuse, neglect or exploitation;
- Corporal punishment;
- Any unreasonable use or degree of force or threat of force not necessary to protect the person or another person from bodily harm;
- Infliction of mental or verbal abuse, such as screaming, ridicule, or name calling;
- Incitement or encouragement of others to mistreat a behavioral health recipient;
- Transfer or the threat of transfer of a behavioral health recipient for punitive reasons;
- Restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Use of medication as punishment;
- Any act in retaliation against a behavioral health recipient for reporting an incident of mistreatment; and
- Commercial exploitation including but not limited to requiring work with no pay, use of photographs for commercial purposes without consent, spending funds belonging to enrolled persons without consent.

Natural Support
Refers collectively to support commonly identified as:

- "Informal Support " (support provided by those individuals who know or are related to the individual/family, but do not provide a paid service, such as a grandparent or neighbor who is connected to the individual/family) and
- "Community Support" (those supports that are part of the individuals/family's community, such as faith community, neighborhood or community organizations).

Neglect
With respect to an adult, “neglect” is a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or behavioral health. With respect to a child/minor, “neglect” is the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

Neglect
With respect to an adult, “neglect” is a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health. With respect to a child, “neglect” is the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child’s health or welfare.

Non-QMB dual
A person who is eligible for Title XIX services and has Medicare coverage, but who is not eligible for QMB benefits.

Not Guilty by Reason of Insanity (NGRI) (prior to 1996)
Means that at the time of commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong and is therefore not responsible for his criminal conduct. (Persons designated as NGRI remain under the authority of the original Court of commitment indefinitely.)

Notice of Privacy Practices (NPP)
A notice that describes how the behavioral health recipient’s medical information may be used and disclosed and how they can get access to this information as required under federal HIPAA regulations.

Nursing Facility (NF)
Is a health care facility that is licensed and Medicare/Medicaid certified by ADHS in accordance with 42 CFR 483 to provide inpatient room, board and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.

Older adult
A person who is age 55 or older.

Opiate Dependency
A cluster of cognitive, behavioral, and physiological symptoms related to opiate usage. There is a pattern of repeated self-administration than can result in tolerance, withdrawal, and compulsive drug-taking behavior. (DSM-IV-TR)

Opiate Withdrawal
1. Spontaneous Withdrawal: A physiological/psychological state resulting from a cessation of an opiate drug or a reduction in dosage ; and

2. Precipitated Withdrawal: A physiological/psychological state resulting from administration of an opioid antagonist.

Outcome
The immediate desired change in attitudes, values, behaviors, or conditions. Stated in the following format: "By a specified date, there will be a change (increase or decrease) in the target behavior, among the target population."

Outcome Measures
Information that allows measurement of behavioral health outcomes for Adults and Children. At a minimum, outcome measures for adults and children include the following:

- For all clients, a complete Demographic Data Set must be completed and submitted at the start of the episode of care, upon any major change is status, at least once every 365 days, and at the end of the episode of care.
- For children, the CASII field must also be submitted at least every 6 months.

Outreach
Activities designed to inform persons in a culturally and linguistically appropriate manner of behavioral health services availability and engage or refer those persons in need of services.

Out-of-Area Service
The provision of a behavioral health service to a person in a geographic area other than that of the person's home T/RBHA. Out-of-area service provision includes services provided to a person who is discharged from an inpatient or residential setting to a different T/RBHA's area, but who does not live in an independent living setting.

Out of network services
Services provided by providers that are not contracted with a Tribal or Regional Behavioral Health Authority (T/RBHA).

PASRR
Pre-Admission Screening and Resident Review.

Parent-Delivered Support or Service
Emotional and informational support provided by a parent or caregiver who has similar personal life expertise and has navigated two child serving systems.

Patient
Any person undergoing examination, evaluation or behavioral health treatment.

Payment Records
All communications related to payment for a patient's health care that contain individually identifiable information

Peace officers
Sheriffs of counties, constables, marshals and/or policemen of cities and towns

Peer (QM 2.6)
For purposes of this policy; a health care professional/provider from the same discipline or with similar or essentially equal qualifications.

Peer-Delivered Services
Peer-delivered services reflect a continuum of programs and supports provided by individuals who identify themselves as having behavioral health challenges and are receiving or have received behavioral health care. Peer services can include programs that are peer-operated (planned, delivered and administered by people with lived experience), peer partnerships

(shared governance between peer and non-peer organizations or staff) and peer employees – the unique discipline of providing peer services as a member of the target population.

Peer/Recovery Support
Social and emotional support, generally coupled with specific, skill-based training, coaching or assistance, that is provided to bring about a targeted social or personal change at the symptom, individual, family or community level. Targets for peer support services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.

Peer Review:
The evaluation of the necessity, quality or utilization of care/service provided by a health care professional/provider. Peer review is conducted by other health care professionals/providers from the same discipline or with similar or essentially equal qualifications who are not in direct economic competition with the health care professional under review. The process compares the health care professional/provider's performance with that of peers or with community standards of care/service.

Peer Review
An in-depth review specifically intended to investigate the clinical soundness of treatment provided for an individual consumer by a clinician (e.g. medical doctor, nurse practitioner, physician assistant), typically conducted through a committee structure inclusive of same-specialty peers. The peer review process is confidential and is not disclosed as public record or produced in response to a subpoena or other legal order unless otherwise required by law.

Peer Reviewed Literature
Scientific studies critically assessed by scholars in the author's field or specialty and deemed eligible for publication. The review process is used to ensure studies are sound and findings are valid.

Peer Worker
Peer Worker refers to an individual who is, or has been, a recipient of behavioral services and who currently provides behavioral health services to individuals enrolled in the public behavioral health system. The peer worker may be either an employee or volunteer/unpaid. Services that may be provided by a peer worker vary depending on the peer worker's education and experience. For example, a peer worker who is also behavioral health professional can provide all of the treatment and support services that the agency is able to provide under the agency's OBHL license or the agency's ADHS/DBHS Community Services Agencies Title XIX certification. Peer Workers may have job titles such as Peer Support Specialists, Recovery Guides, Recovery Specialists, etc.

Pending Admission List
A list of individuals who have been appointed for admission by the Chief Medical Officer, but not yet admitted to the AzSH.

Permanent housing
Community-based housing available to low-income individuals with disabilities and provides long-term housing and supportive services for not more than: 8 such persons in a single structure or contiguous structures; 16 such persons, but only if not more than 20 percent of the units in a structure are designated for such persons; or more than 16 persons if the applicant demonstrates that local market conditions dictate the development of a large project and such development will achieve the neighborhood integration objectives of the program within the context of the affected community.

Persistently or Acutely Disabled (PAD)
Means a severe mental disorder that meets all of the following criteria:

1. If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality.
2. Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that person.
3. Has a reasonable prospect of being treatable by outpatient, inpatient, or combined inpatient and outpatient treatment.

Person Centered Planning
Person-centered planning is a process-oriented approach to empowering people with disability labels. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society

Personal Restraint
The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but for a behavioral health agency licensed as an OBHL Level I RTC or a Level I subacute facility, does not include:

- Holding a person for no longer than five minutes, without undue force, in order to calm or comfort the person; or
- Holding a person's hand to escort the person from one area to another.

Personal Restraint- Level I Psychiatric Acute Hospital Programs
((42 CFR 482.13(1)(ii)) The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Personal restraint does not include the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident to walk to a safe location.

Personal Restraint- Residential Treatment Centers Providing Services to Persons under the Age of 21
(42 CFR 483.352) The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another.

Personal Restraint, Sub-Acute Agency
(A.A.C. R9 20-101) The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but:
a. For a Level 1 RTC or a Level 1 sub acute agency, does not include:
i. Holding a behavioral health recipient for no longer than five minutes, without undue force, in order to calm or comfort the behavioral health recipient, or
ii. Holding a behavioral health recipient's hand to safely escort the behavioral health recipient from one area to another; and
b. For a correctional facility, does not include physically holding a person by a security officer for purposes not related to a behavioral health recipient's behavioral health issue.

Physical injury
The impairment or physical condition that includes any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare.

Post Stabilization Services
Medically necessary services, related to an emergency medical condition, provided after the person's condition is sufficiently stabilized in order to maintain, improve or resolve the person's condition so that the person could alternatively be safely discharged or transferred to another location.

Pre-petition Screening
The review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.

Preliminary Protective Hearing (PPH)
A Hearing held within 5-7 days of when a dependency petition is filed. At the PPH, the court will make orders about the child's placement, visitation and tasks and services to be provided.

Preponderance of Evidence
A standard of proof that it is more likely than not that an alleged event occurred.

Prescriber
For the purposes of this section, a prescriber is a behavioral health medical practitioner licensed to prescribe medications and includes a. A physician; b. A physician assistant; or c. A nurse practitioner.

Prescription Drug Plan (PDP)
Prescription drug coverage that is offered under a policy, contract, or plan that has been approved as specified in 42 CFR 423.272 and that is offered by a Prescription Drug Plan (PDP) sponsor that has a contract with CMS that meets the contract requirements under 42 CFR 423.505. This includes fallback prescription drug plans.

Prevention
The creation of conditions, opportunities, and experiences that encourage and develop healthy, self sufficient children and that occur before the onset of problems (Arizona Revised Statutes). Prevention is an active process that creates and rewards conditions that lead to healthy behaviors and life styles (Center for Substance Abuse Prevention, (CSAP)).

Prevention Activity
Any activity provided in accordance with ADHS/DBHS Framework for Prevention in Behavioral Health.

Primary Source Verification
Verification is a direct contact with the sources of credentials. For example, this may include residency programs, licensing agencies, and specialty boards to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged and appropriate.

Prior Authorization

The process by which ADHS/DBHS, a RBHA or subcontracted provider authorizes, in advance, the delivery of covered services contingent upon the medical necessity of the services.

Prior Period Coverage

AHCCCS provides prior period coverage for the period of time prior to the Title XIX member's enrollment during which the member is eligible for covered services. The time frame is from the effective date of eligibility (or 10/1 if the effective date of eligibility is prior to 10/1) to the day the member is enrolled with an acute health plan. ADHS receives notification from the Administration of the member's enrollment. ADHS is responsible for payment of all claims for medically necessary behavioral health services, provided to members during prior period coverage.

Privileging

Is the process used to determine if credentialed clinicians are competent to perform their assigned responsibilities, based on training, supervised practice and/or competency testing.

Privileging

The process by which a health organization reviews training, clinical competency and the scope of practice of its health providers.

Program Director

The Community Service Agency staff person who is directly responsible for the program, direct service staff or contractor and services provided by the CSA.

Protected Health Information

(45 C.F.R. § 160.103) The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.

Protective factor

An attribute, situation, condition, or environmental context that develops resiliency in individuals and prevents the likelihood of Alcohol Tobacco and Other Drug (ATOD) use.

Provider

A person or entity that contracts with a T/RBHA to provide covered services directly to members.

Provider Appeal

A formal written disagreement with a decision made by a T/RBHA or ADHS/DBHS

Prudent Layperson

A person without medical training who exercises those qualities of attention, knowledge, intelligence and judgment which society requires of its members for the protection of their own interest and the interests of others.

Public Housing Authority (PHA)

HUD funded unit of local government that provides independent housing for low-income individuals and families. Program includes Section 8 Housing Choice Vouchers and low rent units.

Psychiatric Acute Hospital

A hospital that provides inpatient services licensed per 9 A.A.C. 20 and includes a general hospital with a psychiatric unit and a specialty psychiatric hospital (including the Arizona State Hospital).

QMB dual
A person who is eligible for QMB benefits as well as Title XIX services. QMB duals are entitled to Title XIX services and Medicare Part A and Part B services.

Qualified Clinician
Means a behavioral health professional who is licensed or certified under A.R.S. Title 32, or a behavioral health technician who is supervised by a licensed or certified behavioral health professional.

Qualified Interpreter/Translator
A T/RBHA or provider employee who has received a spoken and/or written language evaluation from a language testing agency recommended by ADHS/DBHS. If a language evaluation is not available for a particular tribal language, the evaluation must be conducted by the TRBHA using a process approved by ADHS/DBHS. Sign language interpreters must be licensed according to A.R.S. § 36-1946 and A.A.C. R9 Chapter 26, Article 5. T/RBHAs are responsible for determining what level of written or oral language competency is required to perform clinical or administrative functions. Sign language, oral interpretation and translation services must be provided by a T/RBHA or provider employee who is proficient and skilled in translating and interpreting language(s).

Qualified Service Organization
(42 CFR Part 2) A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted by these regulations.

Quality of Care Concern (QOC)
An allegation that any aspect of care, or treatment, or utilization of behavioral health services caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to the behavioral health recipient.

Recertification of Need (RON)
A certification by a physician, physician assistant or nurse practitioner that inpatient services continue to be needed for a person.

Recertification of Need (RON) (42 CFR 441.152, 456.30, 456.160) QM 2.9/QM 3.0
A RON is a re-certification made by a physician, nurse practitioner or physician assistant that inpatient services are still needed for a person. A RON must be completed at least every 60 days for a person who is receiving services in a Level I facility. An exception to the 60-day timeframe exists for inpatient services provided to persons under the age of 21. The treatment plan (individual plan of care) and RON for persons under the age of 21 in a Level I facility must be completed and reviewed every 30 days.

Recovery
Recovery is a deeply personal process and no single, universally accepted definition of recovery currently exists. In the simplest sense, recovery is a *lived experience* of moving through and beyond the limits of one's disorder. In the process, individuals develop a positive and meaningful sense of identity separate from their condition, disability or its consequences in their life.1 Key characteristics of recovery include:

- Recovery is personal and individualized (not defined by a treatment agency)
- Recovery moves beyond symptom reduction and relief (e.g. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being)
- Recovery is both a process of healing (regaining) and a process of discovery (moving beyond)
- Recovery encompasses the possibility for individuals to test, make mistakes and try again.

Recovery can occur within or outside the context of professionally directed treatment, and where professional treatment is involved, it may, depending on its orientation and methods, play a facilitative, insignificant or inhibiting role in the recovery process.2 A small yet exciting body of research suggests that peer-delivered services produce outcomes superior to professional treatment alone in several key domains, including increased social networks, lower levels of worry and improved satisfaction with life.

Recovery Goal
Describes where the person wants to be and how they will know when a service is no longer needed. Provides a vision of how the person would like their life, family and environment.

Reduction of Service
Reduction of service occurs when a decision is made to reduce the frequency or duration of an ongoing service. A reduction of service does not include a planned change in service frequency or duration that is initially identified in the person's service plan and agreed to in writing by the person receiving services or his/her legal guardian.

Re-engagement
Required activities by providers designed to encourage the consumer to remain enrolled and continue receiving services

Referral for Behavioral Health Services
Any oral, written, faxed, or electronic request for behavioral health services made by any person, or person's legal guardian, family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other governmental or community agency.

Region
Geographical region designated by ADHS in its contract with the Regional Behavioral Health Authority.

Regional Behavioral Health Authority (RBHA)
An organization under contract with ADHS that administers covered behavioral health services in a geographically specific area of the state.

Regulatory Agency
A governmental organization that ensures laws and regulations in a particular industry are enforced (e.g., Child Protective Services, Adult Protective Services, Attorney General's Office, Medical Board, Board of Nursing, Board of Behavioral Health Examiners, Office of Behavioral

Health Licensing, AHCCCS).

Remittance Advice
An electronic or paper document submitted to a provider to explain the disposition of a claim.

Residence
For purposes of this policy means living in a particular locality, in this case the State of Arizona, on permanent basis.

Resident Review
Evaluation of a vulnerable individual who may currently be placed in a nursing facility or may be in need of nursing facility placement, to ensure appropriateness of nursing facility placement and provision of adequate behavioral health services.

Residential Services
Behavioral health services provided in a facility licensed pursuant to Arizona Administrative Code, Title 9, Chapter 20, as a level II or level III facility.

Residential Treatment Center (RTC)
A facility that provides Level I services licensed per 9 A.A.C. 20 to provide services to persons under the age of 21.

Resilience
The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, and other stresses and to go on with life with a sense of mastery, competence, and hope (New Freedom Commission on Mental Health, 2003).

Restraint
Means personal restraint, mechanical restraint or drug used as a restraint and is the following in accordance with 42 CFR 482.13(e)(1):
(A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a behavioral health recipient to move his or her arms, legs, body, or head freely; or
(B) A drug or medication when it is used as a restriction to manage the behavioral health recipient's behavior or restrict the behavioral health recipient's freedom of movement and is not a standard treatment or dosage for the behavioral health recipient's condition.
(C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a behavioral health recipient for the purpose of conducting routine physical examinations or tests, or to protect the behavioral health recipient from falling out of bed, or to permit the behavioral health recipient to participate in activities without the risk of physical harm (this does not include a physical escort).

Retro-eligibility Claim
A claim where no eligibility was entered in the AHCCCSA system for the date(s) of service but at a later date, eligibility was posted retroactively to cover the date(s) of service.

Risk factors
Conditions that increase the risk of a particular problem from developing.

Routine Response
A response that is within timeframes indicated by the person's clinical needs, but does not require an immediate or urgent response.

Sanction
The portion of a capitation or allocation funding payment that is held back (permanent) from the RBHA by ADHS/DBHS because the RBHA failed to submit a sufficient amount (see Table 2) of CIS "clean" encounters. This should be recorded by the RBHA as an administrative expense.

Schizophrenic Spectrum Disorder
For the purpose of PM Section 3.16, Medication Formularies, Schizophrenic Spectrum Disorder includes Schizophreniform Disorder, Schizophrenia, and Schizoaffective Disorder in addition to the subtypes of Schizophrenia. DSM-IV-TR Cluster A personality disorders and other psychotic disorders are excluded from this definition.

Seclusion
The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

Seclusion – Individuals Determined to have a Serious Mental Illness
The restriction of a behavioral health recipient to a room or area through the use of locked doors or any other device or method which precludes a person from freely exiting the room or area or which a person reasonably believes precludes his/her unrestricted exit. In the case of an inpatient facility, confining a behavioral health recipient to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion. In the case of a community residence, restricting a behavioral health recipient to the residential site, according to specific provisions of an individual service plan or court order, does not constitute seclusion.

Seclusion- Level I Programs
(42 CFR 482.13(1)(ii)) The involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

Seclusion, Sub-Acute Agency
(A.A.C. R9-21-101) The involuntary confinement of a behavioral health recipient in a room or an area from which the behavioral health recipient cannot leave, but does not include the confinement of a behavioral health recipient in a correctional facility.

Section 8
Section 8 is the more common name for the Housing Choice Voucher Program which is sponsored by the Department of Housing and Urban Development (HUD). Qualified applicants receive vouchers which are used to subsidize the cost of housing. These vouchers are awarded to individuals who meet certain income and earned income requirements. The goal of these programs is to provide affordable low cost housing to low income occupants.

Serious Emotional Disturbance (SED)
1. Children from birth up to age 18;
2. Child currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (**DSM-IV-TR**). Qualifying SED diagnoses are listed as ICD-9 codes in ADHS/DBHS Provider Manual Attachment 7.5.3, SMI and SED Qualifying Diagnoses Table; and
3. The mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.

Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Serious Injury
Any significant impairment of the physical condition of the person as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Serious Mental Illness (SMI)
A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long -term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Serious Mental Illness MI 5.3
For purposes of this policy, an individual is considered to have a serious mental illness if the individual meets the requirement for a serious mental illness diagnosis, which is identified by using Provider Manual Attachment 3.10.1, Serious Mental Illness (SMI) Qualifying Diagnosis to establish a qualifying diagnosis for this program. This is not the same as the "Serious Mental Illness Determination" process according to the Department of Health Services, Behavioral Health Services for Persons with Serious Mental Illness (A.A.C. R9-21) Rules. For a person to be covered under the PASRR program, a "Serious Mental Illness Determination" is not required.

Serious Occurrence
(A.A.C. R9-20-601 and R9-20-202) Any of the following that occurred on the premises or during a licensee sponsored activity off the premises that required medical services or immediate intervention by an emergency response team or a medical practitioner:
a. A serious injury, or any significant impairment of the physical condition of the behavioral health recipient as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else;
b. A medication error or an adverse reaction to a medication;
c. Suspected or alleged abuse, neglect, or exploitation of the behavioral health recipient or a violation of the behavioral health recipient's rights under R9-20-203(B) or (C);
d. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
e. An unauthorized absence from a residential agency or an inpatient treatment program;
f. A physical injury that occurred as the result of a personal or mechanical restraint;
g. A behavioral health recipient's death; or
h. A behavioral health recipient's suicide attempt.

Serious Occurrence Section 7.4
A behavioral health recipient's death, a serious injury to a behavioral health recipient or a suicide attempt by a behavioral health recipient.

Serious physical injury
Physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.

Service Authorization Request
A behavioral health recipient's request, through a behavioral health provider, for the provision of a covered service that requires prior authorization

Service Plan
A written description of the covered behavioral health services and other informal supports that have been identified through the assessment process that will assist the person to meet his/her specified goals.

Sexual Abuse
Sexual misconduct caused by acts or omissions of an employee or contracted staff of the Arizona State Hospital or the T/RBHA or subcontracted provider. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.

Shelter Plus Care
The Shelter Plus Care program (S+C) is authorized by title IV, subtitle F, of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C. 11403– 11407b). S+C is designed to link rental assistance to supportive services for hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome (AIDS) and related diseases) and their families. The program provides grants to be used for rental assistance for permanent housing for homeless persons with disabilities. Rental assistance grants must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance and appropriate to the needs of the population to be served.

Single Case Agreement
If the services to meet an identified clinical need are not available within the contracted network, necessary services are provided in a timely manner through an out-of-network provider. A single case agreement is a contractual agreement developed for an enrolled person based on that person's behavioral health needs and for a predetermined period of time.

Sound Methodology
Systematic approaches to gathering information that rely on established processes and procedures drawn from scientific research techniques.

Special Assistance
The support provided to a person determined to have a Serious Mental Illness who is unable to articulate treatment preferences and/or participate effectively in the development of the Individual Service Plan (ISP), Inpatient Treatment and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

Special Assistance
Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Service Plan (SP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process, or the grievance or request for investigation process.

Specialized Services (pertaining to a Serious Mental Illness)
Specialized services are those services specified by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) that, when combined with services provided by the NF, result in continuous and aggressive implementation of an individualized plan of care. The plan of care:

a. Is developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professionals, and, as appropriate, other professionals;

b. Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of Serious Mental Illness which requires intervention by trained behavioral health personnel, and
c. Is directed toward:
(1) Diagnosing and reducing the person's behavioral symptoms that necessitate institutionalization;
(2) Improving his/her level of independent functioning; and
(3) Achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

Sponsor-based Rental Assistance
Sponsor-based rental assistance provides a subsidy for rental assistance through contracts between the grantee and contracted sponsor organization. A sponsor may be a private nonprofit organization or a community mental health agency established as a public nonprofit organization. Participants reside in housing owned or leased by the sponsor.

State Placing Agencies
This term refers to the department of juvenile corrections, the department of economic security, the department of health services or the administrative office of the court. (A,R.S. §15-1181(12))

Statistical Significance
Results of a study are not likely to have occurred by chance alone. By convention, a difference between two groups is usually considered statistically significant if chance could explain it only 5% of the time or less.

Stigma
A cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma leads to low self-esteem, isolation, and hopelessness in individuals, and deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems often internalize public attitudes and become so embarrassed or ashamed that they conceal symptoms and fail to seek treatment.

Study Indicator
A tool used to measure or gauge, over time, the performance of functions or goals of an individual, organization or service.

Sub-Acute Facility
A facility that provides inpatient services licensed per 9 A.A.C. 20.

Subcontracted Provider
A Community Service Agency that has been Title XIX Certified by the Department, has registered with AHCCCS, and holds a contract with a RBHA or Tribal RBHA or designee.

Substance abuse
The continued use of alcohol or other drugs in spite of negative consequences.

Substance Use
The ingestion of alcohol or other drugs without the experience of any negative consequences.

Support and Rehabilitation Services
Support and Rehabilitation Services are two categories of Medicaid covered services that behavioral health providers in Arizona may provide to enrolled children and their families. These services are sometimes known by other names, such as Direct Support

Services, In-Home and Community-Based Support Services, Peer and Family-Delivered In-Home and Community –Based Support Services, or Wraparound Services. Because there are potential differences between each of these terms, this protocol uses the name Support and Rehabilitation Services.

Support and Rehabilitation Services Provider
A behavioral health provider agency that delivers Support and Rehabilitation Services as defined above. There are two main types of Support and Rehabilitation Services providers:

Generalist Support and Rehabilitation Services Providers -- configure their program operations to the needs of the Child and Family Team without arbitrary limits on frequency, duration, type of service, age, gender, population or other factors associated with the delivery of Support and Rehabilitation Services.

Specialist Support and Rehabilitation Services Providers – provide either a limited scope of Support and Rehabilitation Services (such as primarily specializing in respite services or skills training services) and/or services that may be designed for a specific population, age, gender, frequency, duration or some other factor (such as a service specializing in working with teenagers or those with a history of displaying harmful sexual behaviors).

Supported Housing Services
Services, as defined in the ADHS/DBHS Covered Behavioral Health Services Guide (see service code H0043), that are provided to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes that are owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing.

Supportive Housing
Housing, as defined in 24 CFR Part 583, in conjunction with which supportive services are provided for tenants if the housing is safe and sanitary and meets any applicable State and local housing codes and licensing requirements in the jurisdiction in which the housing is located and the requirements of this part; and the housing is transitional housing; safe haven; permanent housing for homeless persons with disabilities; or is a part of, a particularly innovative project for, or alternative method of, meeting the immediate and long-term needs of homeless persons and families.

Suspension of Service
A decision to temporarily stop providing a service.

T/RBHA Formulary
A list of medications that are made available by individual T/RBHAs for Title XIX/XXI eligible persons. The list must encompass all medications included on the ADHS/DBHS Title XIX/XXI Medication Formulary.

Team
A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, family members as appropriate in the case of children and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person.

Team Decision Making (TDM)

A CPS meeting process that includes family members, their extended family or other support persons, foster parents (if the child is in placement), child (12 years of age or older) service providers, other community representatives, the caseworker of record, the supervisor and, often, resource staff from CPS. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to make a plan which protects the children and preserves or reunifies the family. TDM meetings should be held for ALL placement related decisions, for all families served by CPS.

Technology
Any device or apparatus which is designed or manufactured to reduce the severity of behavioral health diagnoses symptoms recognized by DSM-IV-TR and/or the ICD 9. Technology for the purposes of this policy does not include medications which are reviewed within the purview of the Pharmacy and Therapeutics committee.

Telemedicine
The practice of healthcare delivery, diagnosis, consultation, treatment and transfer of medical data through interactive, audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.

Tenant-Based Housing
A scattered-site program in which the tenant holds the lease and is directly responsible to the owner of the property. This program is comparable to the HUD Section 8 Housing Choice Voucher Program, but with modifications to meet the needs of adults determined to have a Serious Mental Illness.

Termination of Service
A decision to stop providing a covered behavioral health service.

Third Party Liability
Payment sources available to pay all or a portion of the cost of services incurred by a person.

Tier I Rehabilitation and Support Services
Services provided by direct service staff members meeting the qualifications of a behavioral health paraprofessional, behavioral health technician or behavioral health professional, including the following: Unskilled Respite, Personal Care, Self-help/Peer Services/Comprehensive Community Support Services (Peer Support), Psychoeducational Services and Support to Maintain Employment services.

Tier II Rehabilitation and Support Services
Services provided by direct service staff members meeting the qualifications of a behavioral health technician or behavioral health professional, including the following: Behavioral Health Prevention/Promotion Education, Skills Training, Home Care Training Family, Comprehensive Community Support Services (Supervised Day Program) and Supervised Behavioral Health Day Treatment services.

Title 14 Guardian
Any person or agency who has been appointed by a Court to have specific powers, rights, and duties with respect to matters involving the “incapacitated person.”

Title 14 Guardian with Mental Health Powers (T-14+)
Any person or agency who has been appointed by a Court to have specific additional mental health powers with respect to matters involving the “incapacitated person” when the ward has

been determined to be incapacitated due to a mental disorder.

Title 14 Guardian with Mental Health Powers (T-14+)
Any person who has been appointed by a Court to have specific additional mental health powers with respect to matters involving the "incapacitated person" when the ward has been determined to be incapacitated due to a mental disorder.

Title XIX
Means Title XIX of the Social Security Act, as amended. Is an entitlement program under which the federal government makes matching funds available to states for health and long term care services for eligible low-income individual. This is the Federal statute authorizing Medicaid which is administered by AHCCCS.

Title XIX Covered Services
Means those covered services identified in the ADHS/DBHS Covered Behavioral Health Services Guide as being Title XIX reimbursable.

Title XIX Eligible Person
Means an individual who meets Federal and State requirements for Title XIX eligibility.

Title XIX Member
Means an AHCCCS member eligible for federally funded Medicaid programs under Title XIX of the Social Security Act including those eligible under Section 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI), SSI-related groups, and Title XIX Waiver Groups, Medicare Cost Sharing groups, Breast and Cervical Cancer Treatment program and Freedom to Work

Title XIX Waiver Member
Means all AHCCCS Medical Expense Deduction (MED) members, and adults or childless couples at or below 100% of the Federal Poverty Level who are not categorically linked to another Title XIX program. This would also include Title XIX linked individuals whose income exceeds the limits of the categorical program and are eligible for MED.

Title XIX Waiver Group (TWG)
Referred to as the "AHCCCS Expansion Population," this group consists of individuals in the AHCCCS Care Program (childless adults) and individuals who qualify for the Medical Expense Deduction (MED) program.

Title XXI Member
Means a person eligible for acute care services under Title XXI known as the "State Children's Health Insurance Program" (SCHIP), Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage, The Arizona version of the SCHIP is referred to as Kids Care.

Transfer
The closure of a person's record by the home T/RBHA and simultaneous enrollment of the person by a different T/RBHA.

Transitional Housing
Housing services that facilitate the movement of homeless individuals and families to permanent housing. A homeless individual may stay in transitional housing for a period not to exceed 24

months.

Transitional Medical Assistance (TMA)
An AHCCCS program for Families with Children participants who become ineligible due to excess earned income. Families may be eligible to receive Transitional Medical Assistance (TMA) for up to twelve months.

Translation
The conversion of written text from a source language into the target language while maintaining the author's intent.

Treatment
The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. (45 C.F.R. 164.501)

Treatment MI 5.5
Means the range of behavioral health care received by a behavioral health recipient that is consistent with the therapeutic goals defined in their ISP.

T/RBHA
Means a reference to both RBHAs and Tribal RBHAs.

Tribal RBHA
Means a Native American Indian tribe under Contract with ADHS to coordinate the delivery of behavioral health services to eligible and enrolled persons who are residents of the Federally recognized Tribal Nation that is the party to the Contract

Tribal sovereignty in the United States
The inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The US federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the United States federal and state governments and the tribal nations. The Constitution and later federal laws grant to tribal nations more sovereignty than is granted to states or other local jurisdictions, yet do not grant full sovereignty equivalent to foreign nations, hence the term "domestic dependent nations".

Unsecured Protected Health Information

Protected Health Information that is not secured through the use of encryption or destruction that will render PHI unusable, unreadable or indecipherable to unauthorized individuals.

Urgent Response
A rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than twenty-four hours from the initial identification of need.

Urgent responses must be initiated within 72 hours of notification by DES/CPS that a child has been, or will be, removed from their home.

U.S. Citizen

An individual may be a U.S. citizen based on where they were born, having a U.S. citizen parent, by marriage or by naturalization as described below:

- **Citizen by Birth**

A person is a U.S. citizen if the person was born in the United States (including those born in current states before statehood) or in a U.S. territory. Territories are:

- Guam;
- Puerto Rico based on date of birth;
- The Virgin Islands based on date of birth;
- The Northern Mariana Islands based on date of birth;
- American Samoa;
- Swain's Island; and
- Panama Canal Zone based on date of birth.

EXCEPTION: This does not include a person who was born to foreign diplomats residing on one of the preceding jurisdictions.

- **Citizenship Through U.S. Citizen Parent**

A person born to U.S. citizen parents can meet the criteria for U.S. citizenship. The regulation used to evaluate U.S. citizenship through a parent is based on the age of the person on February 27, 2001, when the Children's Citizenship Act (CCA) became effective.

If the person was born…	THEN the person…
After February 27, 1983 (under age 18 on February 27, 2001)	Automatically acquires U.S. citizenship under the CCA when all of the following requirements are met: • At least one biological or adoptive parent is a U.S. citizen by birth or naturalization. • The child is under age of 18. • The child is admitted to the U.S. as an immigrant. Immigrant means the child entered the U.S. on an immigrant visa and/or was admitted as a lawful permanent resident. • The child lives in the legal and physical custody of the U.S. citizen parent(s). • An adopted child acquires U.S citizen status effective the date the child meets all the previously listed CCA requirements, and the full and final adoption is completed. U. S. Citizenship and Immigration Services (USCIS) documentation is not required to prove U.S. citizenship for a person who meets the above requirements and permanently lives in the U.S. However, the person can obtain documentation by applying to the USCIS for a Certificate of Citizenship or to a passport acceptance facility for a U.S. passport.
On or before February 27, 1983 (18 years of age or older on February 27, 2001)	Acquires citizenship if the person's parents meet one of the following criteria: • Both parents are U.S. citizens and at least one parent lived in the U.S or its territories before

	the person's birth. • One parent is a U.S. citizen and the other is a non-citizen. The parent who is a citizen must have lived in the U.S., its possessions, or its territories for a total of five years before the person's birth. At least two of the five years must be after the parent reached age 14. **NOTE**: Consider the parent to have had U.S. residence for any period of time that the parent lived outside of the U.S as one of the following: • A U.S. government employee • Serving in the U.S Armed Forces • Working for an international organization.

- **Citizenship Through Marriage**

A woman who married a U.S. citizen before September 22, 1922 established U.S. citizenship. This does not apply to a man who married a U.S. citizen.

- **Citizenship by Naturalization**

Individuals who are not U.S. citizens by birth or adoption may apply for and go through the naturalization process to become U.S. citizens.

A person born outside the U.S can derive U.S citizenship from parents who were naturalized as U.S. citizens if both parents (or sole custodial parent) were naturalized before:

- The person's 21st birthday if naturalization was before October 14, 1940; or
- The person's18th birthday if naturalization was on or after October 14, 1940.

- **Dual citizenship**

An individual may be a U.S. citizen and a citizen of another country. A person claiming dual citizenship can lose U.S. citizenship only if the person voluntarily abandons it. Dual citizenship status does not affect the individual's U.S. citizenship.

U.S. Department of Housing and Urban Development (HUD)
The department of the federal government that provides funding for housing and support programs.

Violation of Rights
For all enrolled persons, a violation of those rights contained in A.A.C. R9-20-203 and, for persons enrolled as seriously mentally ill, rights contained in A.A.C. Title 9, Chapter 21, Article 2.

Voluntary Evaluation
An inpatient or outpatient evaluation service that is provided after a determination that a person will voluntarily receive an evaluation and is unlikely to present a danger to self or others until the voluntary evaluation is completed. A voluntary evaluation is invoked after the filing of a pre-petition screening but before the filing of a court ordered evaluation and requires the informed consent of the person.

Volunteer

An individual who meets the requirements to provide services in a Community Service Agency and is not a paid staff member.

Vulnerable adult
An individual who is eighteen years of age or older who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment.

Waived physician prescriber
Drug Addiction Drug Treatment Act of 2000 (DATA 2000) allows physicians to prescribe narcotic drugs in schedules III, IV, V or a combination of such drugs for the treatment of opioid dependence. The physician must meet training standards described under the training and supervision recommendation section of this document.

Working Day
A Monday, Tuesday, Wednesday, Thursday or Friday unless:
a. A legal holiday falls on Monday, Tuesday, Wednesday, Thursday or Friday; or
b. A legal holiday falls on Saturday or Sunday and a contractor is closed for business the prior Friday or following Monday.

Young Child
Children birth to five years of age.

Youth/Young Adult-Delivered Support
A young adult who has been a recipient of services or sibling that provides support guidance, training and coaching of the youth with the goal of enhancing the youth's life skills.

834 Transaction Enrollment/Disenrollment
The HIPAA-compliant transmission of an individual's information. For Title XIX/XXI eligible individuals, the 834 is provided to ADHS/DBHS from AHCCCS, then from ADHS/DBHS to the T/RBHAs on a daily file. For a Non-Title XIX/XXI eligible individual, the information is used to establish or terminate a person's enrollment in the ADHS/DBHS behavioral health service delivery.